

Letter must be on school letterhead

Current Date

American Registry for Diagnostic Medical Sonography
51 Monroe Street, Plaza East One
Rockville, MD 20850-2400

Prerequisite 3B Application Letter

[Enter student's full name] entered the bachelor's degree in (select one) [diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] program at [enter name of school] on [insert date student start program] and should successfully complete the bachelor's degree program on [insert date of program completion].

This is to verify that [Enter student's full name] has completed 12 months of full-time clinical experience between [insert dates of program - i.e. January 1, 2009 through January 1, 2010].

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by program official for a minimum of three years.

My signature verifies that this applicant has successfully demonstrated entry-level clinical skills in the following areas: **[only include those that apply]**.

- Sonography Principles & Instrumentation (SPI)
- Abdomen (AB)
- Breast (BR)
- Neurosonology (NE)
- Obstetrics/Gynecology (OB/GYN)
- Adult Echocardiography (AE)
- Pediatric Echocardiography (PE)
- Fetal Echocardiography (FE)
- Vascular Technology (VT)

If the student applies within one year prior to successful completion of the program, then this letter is **valid through the expected graduation date** of [insert date of program completion]. Successful completion of 12 months full-time clinical experience is noted above. If the student chooses to apply after graduation, then this letter is no longer valid and new documentation verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area will be required.

The student will also submit this original letter, application, and an official school transcript. If you have any questions regarding this applicant, please contact me at [enter daytime phone number].

Sincerely,

"[your original signature]"

"[first and last name with any credentials]"

"[ARDMS number, if applicable]"

"[Title - i.e. Program Director]"

"[Full address, unless noted in letterhead]"