

# Graduate Prerequisite 3B Application – Sample Letter

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY  
School of Diagnostic Medical Sonography  
123 Main Street  
Any City, Any State  
888-555-1212

Note: This letter must be on school letterhead and include the above information

[Insert Date]

American Registry for Diagnostic Medical Sonography (ARDMS) 1401  
Rockville Pike  
Suite 600  
Rockville, MD 20852-1402

Graduate Prerequisite 3B Application Letter

This is to verify that [insert full name of student] has completed the didactic and clinical requirements in the [insert – full time or part time] [insert length of program – example 36 months] [insert all program types that apply – diagnostic medical sonography/diagnostic cardiacsonography/vascular technology] Bachelor's degree program at [insert name of school] between [insert dates student attended – example May 1, 2008 through May 1, 2011].

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

The Applicant will also submit with this letter and their application the following required documentation: either a copy of an official transcript indicating the date the degree was conferred or copy of their bachelor's degree, and a current and completed clinical verification form for each applied-for specialty area.

For questions regarding this letter, please contact me at [insert phone number and email address].

Sincerely,

[Insert hand-written signature]

[Insert Program Director's full name with any credentials] i.e. John Doe MD, RVT, RDMS, RDCS  
[Insert position title] i.e. Diagnostic Sonography Program Director