

(Once form is complete, please print on employer letterhead, sign at the bottom, give to applicant, and have him or her upload to their account at ARDMS.org/MYARDMS.)

RMSKS In Practice Letter – Documenting Clinical Experience

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



RE:

This is to verify that _____ was employed as a _____
_____ for _____ from
_____. He/she has performed a minimum of 150
150 cases* in the areas of:

Type of Study	# of each type of study
Abdominal Wall	
Ankle and Foot	
Elbow	
Hand and Wrist	
Hip, Groin and Pelvis	
Knee	
Shoulder	
Soft Tissue	
Total # of MSK ultrasound studies	

Note: While all types of studies are not required to meet the eligibility criteria, they will all be covered on the examination.

I verify these cases were completed on actual patients in a clinical diagnostic** setting. Simulation is not acceptable for this purpose. None of the above noted cases are labeled as therapeutic (injection or aspiration).

For questions regarding this letter please contact me at _____.

Sincerely,

_____ <- Handwritten Signature

- * A log of these cases must be maintained for at least three years following the date of application approval as case logs are subject to audit.
- ** Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS/APCA does not accept volunteer, instructorship, unpaid, barter or veterinarian experience.
- *** Example: Certified RMSK/RMSKS individual, Physician or Medical Director