

Physician in Practice Letter for ARDMS Examinations

(AB, BR, OB/GYN, PS, FE, AE, PE, VT and SPI)

Physician Applicants: This examination is overseen by APCA's companion Council, ARDMS

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP HOSPITAL
123 Main Street
Any City, Any State, Zip Code
888-555-1212.

Note: This letter must be on employer/program letterhead and include the above information.

[Insert CurrentDate]

Alliance for Physician Certification & Advancement TM (APCATM)
1401 Rockville Pike
Suite 600
Rockville, MD 20852-1401

RE: Dr. [insert applicant's full name]

This is to verify that Dr. [insert applicant's name] was employed as a physician for [insert name of employer] from [insert dates of employment – example April 1, 2017 through May 1, 2019]. He/She has performed a minimum of [insert number of studies performed] cases* in [Insert specialty area].

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

Sincerely,

[Insert original signature]

[Insert physicians or ARDMS/APCA sponsors full name with any credentials] i.e. John Doe MD, RDMS, FACP

[Insert position title] i.e. Laboratory Director