

## Prerequisite 2 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 Current Date - letter must be dated the same day of graduation or any day thereafter]

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

### Prerequisite 2 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 18 months] [insert all program types that apply – diagnostic medical sonography/diagnostic cardiac sonography/vascular technology] program at [insert name of school] between [insert dates student attended – example April 1, 2011 through May 1, 2012].

The program this student successfully completed is accredited through [insert name of organization (CAAHEP or CMA/HSO) through which program is accredited]. The initial accreditation was awarded on [insert date]. I verify our program is currently accredited as of the date of this letter.

In the event of an ARDMS audit, each student's file verifying these requirements will be maintained by a program official for a minimum of three (3) years.

My signature verifies this applicant has successfully demonstrated entry-level clinical skills in the following programmatically accredited areas: [insert the appropriate CAAHEP or CMA-accredited specialty areas below, ONLY list specialty areas for which your program is accredited].

This letter is valid for one (1) year from [insert date of graduation]. If the application and appropriate supporting documentation are not received within one (1) year after successful completion of the program, the student will need new documentation verifying successful program completion and a current, completed clinical verification form for each applied-for specialty area.

The student will also submit with this **original** letter and their application the following required documentation: either an official school transcript or copy of their program diploma or degree and a photocopy of a non-expired government issued photo identification with signature.

If you have any questions regarding this applicant, please contact me at [insert phone number and extension, if applicable]. Thank you.

Sincerely,

[Insert original signature]

[Insert first and last name with any credentials and credential numbers]

[Insert title – example Program Director]

[Insert email address]