

# Program Completion – 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 program/hospital letterhead and include the above information

[Insert Date]

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

[Insert student's full name] began the [insert full or part time], [insert length –example 18 month] [insert program type: diagnostic medical sonography, vascular technology, cardiovascular technology] program at [insert university or hospital name] on [insert date] and successfully completed the program on [insert date]. This program consisted of [insert number of hours] didactic hours and [insert number of hours] clinical hours; total program hours are [insert total number of hours].

The student has completed clinical/didactic training in: [insert the appropriate specialty areas].

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