

Date

Certification Board of Nuclear Cardiology
1401 Rockville Pike, Suite 600
Rockville MD 20852 USA

To Whom This May Concern:

I hold board certification from _____ (name of country) in
the specialty of _____ granted by
_____ (name of Board) on _____
(mm/yy).

OR

There is no board certification in _____
(name of country) in the specialty of _____ ,
however, I completed training that meets national training requirements for
independent specialist practice and I hold national registration as a specialist,
granted on _____ (mm/yy).

I confirm that the above information is true and accurate.

Applicant Signature: _____

Applicant Name: _____