

Date: _____

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

Dr. _____ has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015, within an accredited program.

Dr. _____ completed Level 2 nuclear cardiology training between the dates of _____ and _____ (use MM/DD/YY).

I attest that Dr. _____ is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

- The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.
- The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements EXTERNAL to his/her fellowship program. This training was taken in a course offered by _____ (course provider) and was completed between the dates of _____ and _____ (use MM/DD/YY).

I attest that the above-named applicant completed hands-on Laboratory training that meets the training and experience requirements of NRC 10 CFR 35.290 or Agreement State equivalent as part of his/her Nuclear Cardiology training and experience.

The above-named applicant is an Authorized User listed on a current Radioactive Materials (RAM) License (if applicable).

Sincerely,

(Signature Required)

Name of Preceptor: _____

Title/Relationship to Applicant: _____

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above-named applicant complies with all components of the statement on file.