

Date: _____

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

To Whom This May Concern:

RE Applicant's Full Name: _____

Applicant's Date of Birth: _____

This letter serves to confirm that Dr. _____ is a practicing cardiologist working in our private practice group. Our records indicate that he/she has performed and interpreted nuclear cardiology studies over the last 24 months as follows:

	2024	2025	2026
Myocardial Imaging, Positron Emission Tomography (PET): 78459; 78434	_____	_____	_____
Myocardial Perfusion (any of the following): 78451; 78452; 78453; 78454; 78459	_____	_____	_____
PET cardiac: 78491; 78492 (multiple)	_____	_____	_____
Radionuclide Angiography (any of the following): 78472; 78473; 78481; 78483; 78494; 78496	_____	_____	_____

Total number of nuclear cardiology studies within 24 months of application submission:

I attest that the numbers of studies provided are exact numbers and not rounded or estimated.

Sincerely,

(Signature Required)

Name: _____ Title: _____