

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: \_\_\_\_\_