

Date: \_\_\_\_\_

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

Dr. \_\_\_\_\_ has completed training/experience in nuclear cardiology equivalent to the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015. This training was completed between the dates of \_\_\_\_\_ and \_\_\_\_\_ (mm/yy).

Dr. \_\_\_\_\_ has completed training that meets the national training requirements for independent sub-specialist practice of nuclear cardiology in \_\_\_\_\_ (country) between the dates of \_\_\_\_\_ and \_\_\_\_\_ (mm/yy).

The applicant  has completed OR  will complete national registration as a specialist in  cardiology  nuclear medicine  radiology in \_\_\_\_\_ (mm/yy).

The above-named applicant completed nuclear cardiology training more than seven years ago and has completed a minimum of 300 nuclear cardiology studies within the past 2 years.

Sincerely,

(Signature Required)

Name of Preceptor: \_\_\_\_\_

Title/Relationship to Applicant: \_\_\_\_\_

Institution: \_\_\_\_\_

Certified by (if applicable): \_\_\_\_\_ Certification #: \_\_\_\_\_