	Date:
	TO: Certification Board of Nuclear Cardiology
	Name of Applicant:
	Dr has completed training and/or experience 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.
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	Dr completed Level 2 nuclear cardiology training between
	the dates ofand (mm/dd/yy).
	l attest that Dr has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an Authorized User for the medical uses under 10 CFR 35.100 and 35.200.
)	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. This training
	was taken in a course offered by(course provider) and was
	completed between the dates of and (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:
	Institution:
	Certified by (if applicable): Certification #:
	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.