



## **European Association of Cardiovascular Imaging (EACVI) & European Association of Nuclear Medicine (EANM)**

### **Certification in Nuclear Cardiology**

#### **Letter of Support**

From: *(Please give full name, qualifications, work address, telephone number and email address)*

To: EACVI/EANM nuclear cardiology certification examiners

I have known *(please add candidate's full name and qualifications)*

professionally for at least 1 year within the last 5 years and I am familiar with their nuclear cardiology practice.

In this year I have been their *(please explain – trainer/ supervisor/ mentor/ manager/ colleague/ etc)*

I confirm that *(s)he* has the knowledge, practical experience and skills to deliver a safe and effective clinical service in Nuclear Cardiology, including justification and authorisation of referrals, supervision of cardiovascular stress and image acquisition, and independent reporting of the findings. *(S)He* is authorised to do so in the course of his/her primary employment.

I also confirm that I am authorised independently to provide a clinical service in Nuclear Cardiology in the course of my primary employment and that I am willing to be contacted to confirm the authenticity of this testimonial.



**EACVI**  
European Association of  
Cardiovascular Imaging



*Please add any additional information that you feel relevant to his/her application for EACVI/EANM Certification in Nuclear Cardiology bearing in mind that the required standard is to deliver a safe and effective clinical service independently.*

Yours faithfully.

Date:

Signature: *(can be either electronic or written)*