

## EACVI CHD RE-CERTIFICATION: SUPERVISOR LETTER TEMPLATE

**Name:**

**Surname:**

**Candidate number:**

The candidate's immediate supervisor is to attest that the candidate has performed herself/himself the echocardiographic studies presented to claim for re-certification.

To : The EACVI Individual Certification Committee,

I, Dr/Prof. \_\_\_\_\_ certify that Dr \_\_\_\_\_

holding an EACVI Certification in \_\_\_\_\_ since \_\_\_\_\_ and requesting for re-certification in this field, has performed and reported 250 CHD TTE studies per year (**solely** by the applicant)

Date :

Signature :