Registered Phlebology Sonographer (RPhS)

Supporting documentation should be addressed appropriately (i.e. to CCI).

Sample Employment Verification Letter (Non-Physicians)

1) Employer’s original, official letterhead or stationery.
2) Indicate the date the letter was signed by employer/supervisor. Should not be older than two years from the date the application is received at CCI headquarters.
3) Indicate the name of the applicant.
4) Indicate full-time or part-time employment.
5) Indicate the time period of employment.
6) Indicate the primary duties of applicant, related to the field of cardiovascular technology.
7) Original signature of direct supervisor, who must be an MD or DO or hold an active RCCS, RCES, RCIS, RCS, RDGS, RDMS, RPhS, RVS or RVT credential.

Sample Clinical Experience Letter (Physicians)

1) Clinical site’s original, official letterhead or stationery.
2) Indicate the date the letter was signed by the clinical supervisor.
3) Indicate the name of the applicant.
4) Indicate the number of venous ultrasound studies.
5) Indicate the time period during which the studies were performed.
6) Original signature of the lab director, supervising physician, or office manager. (Physicians in solo practice may sign off on their own letters.)
7) Letter must be notarized.

Sample Resident/Fellow Letter

1) Program’s original, official letterhead or stationery.
2) Indicate the date the letter was signed.
3) Indicate the name of the applicant.
4) Indicate the date or expected date of completion.
5) Indicate the program length, program specialty, and the number of venous ultrasound studies performed and/or supervised during training.
6) Original signature by Division or Department Head or Fellowship Training Director.
7) Letter must be notarized.