**Sample Student Verification Letter**

**For CCI Registry, Specialty, Advanced Level Examination Applicants**

**[Insert or print on official letterhead]** (1)

*Note: The header details shown on this sample letter should be removed when creating the actual Student Verification Letter. Actual Student Verification Letter must be on the educational program’s official letterhead or stationery.*

**[Insert current date]** (2)

Cardiovascular Credentialing International
3739 National Drive, Suite 202
Raleigh, NC 27612

RE: **[Insert Applicant’s full name]** (3)

This letter has been sent to verify that [insert Applicant’s full name] has been enrolled as a **[insert full or part-time enrollment]** (4) student at the [insert name of educational program].

[Insert Applicant’s name] graduated or will graduate **[insert the date or expected date of graduation]** (5) after completing the **[insert specialty of the educational program]** (6) program. At the time of graduation, [insert Applicant’s name] will have completed a [insert length of the educational program] month educational program. \*

Based on CCI’s qualification requirements, I understand that [insert Applicant’s full name] is currently qualified to sit for the [insert examination name/acronym] examination.

Sincerely,
**[Insert handwritten signature of educational directo**r] (7)

**[Insert educational director’s first and last names]** (8)
**[Insert title]** (9)
**[Insert email address]** (10)

**[Insert phone number]** (11)

\* *If applicant is applying for the CCI RCS, RCCS, RCES, RCIS, or RVS examination where a specified number of clinical hours are required and/or included in the educational program, please use the substitute statement:* “At the time of graduation, [insert Applicant’s name] will have completed a [insert length of the educational program] month educational program including***[number of clinical hours]*** *clinical hours at [insert the name of the clinical site].*”