



EACVI TTE RECERTIFICATION

Supervisor Letter

Name:

Surname:

Candidate ESC ID number:

The candidate's immediate supervisor must certify that the candidate has carried out the echocardiographic studies submitted for recertification.

To: The EACVI TTE Certification Committee,

I, Dr/Prof. _____ certify that Dr _____

holding an EACVI TTE Certification since _____ and requesting for recertification in this

field, has performed and reported 250 TTE studies on average per year

and

acquired at least a total of 50 CME points during the 5 years of his/her EACVI TTE

certification, of which 25 CME points specifically derived from meetings/courses in

echocardiography.

Date:

Signature :

*Note: to be signed manually or digitally approved (e.g Adobe verified).
(Initials, typed name or a copied image of a signature are not allowed)*