



## 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)