***Date***

Dear SCMR Verification Committee,

I am providing this letter for **Dr. X** at [his/her request OR by request of the committee].

I am eligible to provide this letter as an appropriately trained Level III practitioner OR an Experienced CMR Physician Level III equivalent practitioner.

This letter accompanies **Dr. X’s** application for the designation of an Experienced CMR Physician Level III Equivalent. As detailed in Dr. X’s cover letter, he/she does not meet criteria for Level II or Level III training verification as stipulated in the 2018 training document.

[A few sentences regarding how you know the applicant – personally, professionally, both, or neither.]

[A few sentences commenting on their experience in the field of SCMR. Specifically addressing if you agree that Dr. X meets or exceeds the minimum requirements for the “Experienced CMR Physician Level III Equivalent” designation. If you do not agree that Dr. X should receive this designation please provide the rationale, including what the applicant would need to do in order to meet criteria. Note that this letter is held in confidence by the SCMR.]

Based on my review of Dr. X’s cover letter and CV, I recommended that the SCMR Verification Committee:

[ ]  **Convey the designation at this time**

[ ]  **NOT convey the designation at this time**

Yours sincerely,

Dr. XXXX

SCMR Verified Level III Practitioner

[Position, Institution, location]

[Email address, telephone contact]