

[Your Company/Organization Name]
[Your Company/Organization Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Certification of EKG Professional

Dear [Recipient Name],

We are pleased to inform you that [Name of Professional] has successfully completed the necessary training and assessment to obtain certification in Electrocardiography (EKG).

Certification Details:

- **Certified Professional Name:** [Name of Professional]
- **Certification Number:** [Certification Number]
- **Date of Certification:** [Date]
- **Certification Valid Until:** [Expiration Date]

This certification acknowledges [his/her/their] proficiency and expertise in performing and interpreting EKG tests, ensuring high standards of patient care and safety.

Should you require any further information or verification regarding this certification, please do not hesitate to contact us.

Sincerely,

[Your Name]
[Your Title]
[Your Company/Organization Name]
[Signature]