



Application for Certification

Adult Echocardiography (ASCeXAM)

Certification Requirements and Application

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Please check our website at www.echoboards.org for future application deadlines.

Introduction

National Board of Echocardiography, Inc.

The National Board of Echocardiography, Inc. (NBE) was formed in December 1998. The NBE is a not-for-profit corporation established to:

- Develop and administer examinations in the field of Clinical Echocardiography,
- Recognize those physicians who successfully complete either the examination of Special Competence in Adult Echocardiography (ASCeXAM) or the Perioperative Transesophageal Echocardiography examination (PTE), and
- Develop a certification process that will publicly recognize those physicians who have completed an approved training program in echocardiography as specified in this application and have additionally passed the ASCeXAM.

The examination and certification of Special Competence in Echocardiography are not intended to restrict the practice of echocardiography. The process is undertaken, rather, in the belief that the public desires an indication from the profession regarding those who have made the effort to optimize their skill in the performance and interpretation of cardiac ultrasound.

The first examination in clinical echocardiography was given under the auspices of the American Society of Echocardiography (ASE) as a field test in 1995. An examination of special competence was given in 1996, again under the ASE, and in 1997 and 1998 under ASCeXAM, Inc. Since 1999 the exam has been administered annually by the NBE. For these examinations, the title of “Testamur” was designated for successfully passing the examination. This designation was chosen since applicants were not requested to supply information regarding successful completion of training dedicated to the study of Cardiovascular Disease nor completion of special training in echocardiography. With a mature and well-tested examination, a well-defined body of knowledge, published training guidelines, and published continuing quality improvement guidelines the NBE began offering certification in 2001.

Eligibility

Certification

Licensed physicians who meet the criteria for certification may apply for Certification at the time of application for the ASCeXAM. The application, checklist, and all required documentation should be submitted with the application. The Certification Committee will meet to review applications for certification. Applicants will be notified in writing of the decision of the Committee. Review of application for certification will be contingent on successful completion of the ASCeXAM. Applicants will receive notification of the decision of the committee within the year.

Individuals who pass the ASCeXAM and who have completed Cardiovascular Disease and echocardiography training requirements by June 30, 2009 may apply for certification at any point in which they meet the clinical experience requirements as long as their Testamur status remains valid.

For individuals who completed training after June 30, 2009 and failed to meet the requirements for certification during fellowship training, they

can only qualify for certification by obtaining additional training in an ACGME accredited or other nationally accredited training program.

Please refer to page 10 for additional information.

Testamur Status

For licensed physicians not meeting the criteria for certification, the NBE will continue to allow access to the examination. This is to encourage physicians to test and demonstrate their knowledge of echocardiography based on an objective standard and to allow the medical community the opportunity to recognize individuals who elect to participate in and successfully complete a comprehensive examination in echocardiography. Those who successfully pass the examination, but do not fulfill the necessary criteria for certification, will continue to be designated as “Testamur” of the National Board of Echocardiography.

Policy Notice

Definition of Interpretation:

Interpretation by a Trainee is defined to be independent reading and reporting of an echocardiographic study followed by review with, or under the direct supervision of, an attending physician. Studies read by an attending with the trainee as an observer are not to be counted.

While this has always been the intention of the NBE, this strict definition will be applied to fellows who begin their training on or after July 1, 2010.

Applying for Certification

Who May Apply?

Licensed physicians who meet the criteria may apply for certification at the time of application for the ASCeXAM. The application, checklist, and all required documentation should be submitted with the application. The Certification Committee will meet to review applications and applicants will be notified in writing of the decision of the committee. Review of application for certification will be contingent on successful completion of the ASCeXAM. Applicants will receive notification of the decision of the committee within 12 months.

The Purposes of the Certification

Process are to:

- establish the domain of the practice of echocardiography for the purpose of certification,
- assess the level of knowledge demonstrated by a licensed physician practitioner of echocardiography in a valid manner,
- enhance the quality of echocardiography and individual professional growth in echocardiography,
- formally recognize individuals who satisfy the requirements set by the NBE, and
- serve the public by encouraging quality patient care in the practice of echocardiography.

Levels of Certification offered:

- **Transthoracic 2-D and Doppler Echocardiography interpretation alone (t)**
- **Transesophageal Echocardiography (e)**
- **Transthoracic plus Transesophageal Echocardiography (te)**
- **Transthoracic plus Stress Echocardiography (ts)**
- **Comprehensive (c) which includes all three procedures**

Physicians who have been certified in Transthoracic Echocardiography (or higher) by the NBE and completed cardiovascular disease training prior to July 1, 2009 may apply for additional certification once their level of service in those areas meets the minimum requirements. (See Page 18)

Physicians who have been certified in Transthoracic Echocardiography (or higher) by the NBE and completed cardiovascular disease training between July 1, 2008 and June 30, 2009 must wait three years from the end of fellowship program to apply for an additional certification level (i.e. adding stress and/or transesophageal echocardiography certification) under the practice experience pathway or they must obtain additional training in an ACGME accredited or other nationally accredited fellowship program.

Physicians who have been certified in Transthoracic Echocardiography (or higher) and completed cardiovascular disease training after June 30, 2009 are only eligible to apply for additional certification (i.e. adding stress and/or transesophageal echocardiography certification) by obtaining additional training in an ACGME accredited or other nationally accredited fellowship program.

Please refer to page 10 for additional information.

Applying for Certification

Certification Documentation and Instructions

The National Board of Echocardiography, Inc. reserves the right to audit stated clinical experience and continued provision of services in echocardiography for the sake of eligibility for certification.

Letters Documenting Training and/or Level of Service:

All letters documenting training and/or level of service MUST be on appropriate letterhead, MUST be notarized, MUST contain EXACT numbers of studies performed and interpreted, and MUST be the original letter (no copies accepted). Applications with letters not meeting these criteria will not be reviewed. Sample letters are available on pages 21-23 and on our Web site: www.echoboards.org.

Letters documenting training and/or level of service from Division or Department Head of Cardiovascular Disease, the Fellowship Training Director, Director of Cardiovascular Anesthesiology, the Training Director, or the Medical Director* of the Echocardiography Laboratory (Level III) MUST be on appropriate letterhead and MUST be notarized.

For applicants who completed their fellowship after July 1, 2009 a statement from the Training Director must be included that indicates that the applicant has the clinical competence and professional qualities necessary to perform as an independent echocardiographer. In the absence of a formal director of the echocardiography laboratory, the letter should be written by an appropriate supervising physician.

*Note: If applicant is the Medical Director of the Echocardiography Laboratory, the letter should be from the Chief of Cardiology or the Chief of Staff of the Hospital.

If applicants are in private practice and services are provided in the office, the letter documenting level of service must be on appropriate letterhead and should be written by the CEO or President of the practice. If the applicant is the CEO or President of the practice, the letter should be written by the business manager.

For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

We request that the notarized letters verifying the number of studies per year for the appropriate time, 2 or 3 years broken down by procedure code in the following format.

	Yr. 1 (2012)	Yr. 2 (2013)	Yr. 3 (2014)
Transthoracic (93303-93308)	###	###	###
Transesophageal (93312-93317)	###	###	###
Stress Echo (93350)	###	###	###

NOTE: The numbers provided must be in parallel, consecutive years but need not be calendar years. The end of the most recent year for which credit is requested must fall within the 12 months prior to receipt of the complete application.

The EXACT number of studies performed and interpreted per year MUST be provided. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee.

Review of Documentation for Certification

Since Certification is dependent on passing the ASCeXAM, applications for Certification are reviewed after the examination has been satisfactorily completed.

Effective Date of Certification

Certification will be retroactive to the date that the Special Competency Exam (ASEeXAM or ASCeXAM) was passed and be valid for ten (10) years from that date, e.g. if the exam was passed in 1999 certification will be valid until June 30, 2009. If the exam is passed in 2015, certification will be valid until June 30, 2025.

Change in Certification Policy

This change in Certification Policy affects all fellows who will complete their training after June 30, 2009 (i.e. those who began their training on or after July 1, 2006). Specifically, fellows completing their fellowship after June 30, 2009 can ONLY qualify for certification by completing level II training in echocardiography (6 months of formal training in echocardiography) during their fellowship including the satisfactory performance of at least 150 transthoracic echocardiograms and the interpreting of at least 300 transthoracic studies. Additional certification in stress echocardiography requires the performance and interpretation of at least 100 stress echocardiograms while additional certification in transesophageal echocardiography requires the performance of at least 50 transesophageal echocardiograms. **Individuals who fail to satisfy these requirements during their fellowship can only qualify for certification by obtaining additional training in an ACGME accredited or other nationally accredited fellowship program. For this group, practice experience will no longer be accepted as an alternative to formal training.**

Please refer to page 10 for additional information.

Policy Notice

Definition of Interpretation:

Interpretation by a Trainee is defined to be independent reading and reporting of an echocardiographic study followed by review with, or under the direct supervision of, an attending physician. Studies read by an attending with the trainee as an observer are not to be counted.

While this has always been the intention of the NBE, this strict definition will be applied to fellows who begin their training on or after July 1, 2010.

Board Certification Requirements

Certification Levels

- Comprehensive Certification (c) – Includes all Three - Transthoracic, Transesophageal, and Stress Echocardiography
- Transthoracic Certification (t) – Transthoracic (Cardiovascular Clinician)
- Transesophageal Echocardiography (te) – Transthoracic Plus Transesophageal Echocardiography (Cardiovascular Clinician)
(e) – Transesophageal Echocardiography Alone (Cardiovascular Anesthesiologist, Cardiovascular Surgeon)
- Transthoracic Plus Stress Echocardiography Certification (ts)

What are the Six Requirements?

Requirements 1-4 and Supporting Documentation which are the same for all levels of certification are listed below.

Requirement 5, see the Cardiovascular Disease Training Time Table specific to your clinical training.

Requirement 6, the Application Fee.

BOARD CERTIFICATION REQUIREMENTS 1-4	REQUIRED DOCUMENTATION
Requirement 1. Testamur of the ASCeXAM	Requirement 1. Provide Year ASCeXAM Passed If applying for Certification and Exam, provide year you're taking the exam.
Requirement 2. Certification Eligibility License Requirements Applicants who wish to apply for certification must hold a valid, unrestricted license to practice medicine at the time of application. (Geographical restrictions may be accepted and are subject to approval.) Medical restrictions or restrictions to scope of practice will not be accepted for purposes of eligibility for certification.	Requirement 2. (One of the following): <ul style="list-style-type: none">• Copy of Current medical license renewal certificate that shows an expiration date;• Copy of equivalent documentation of permission to practice medicine in the country of principal residence.
Requirement 3. Current Medical Board Certification Applicants must be board certified by a board which holds membership in the American Board of Internal Medicine, the Advisory Board for Osteopathic Specialties, the American Association of Physician Specialists, or Royal College of Physicians and Surgeons of Canada.	Requirement 3. Copy of certificate of highest Board Certification attained, e.g. Internal Medicine, Cardiovascular Disease, Anesthesiology, etc. (A copy of ABIM Certification in Cardiovascular Disease is preferred.)
Requirement 4. Specific Training in Cardiovascular Disease Applicants must have a minimum of 24 months of specialized clinical training dedicated to the study of Cardiovascular Disease. This training is to be at the fellowship level. Fellowship training in Cardiovascular Disease must be obtained at an ACGME accredited training program or other nationally accredited cardiovascular training program. That is, cardiovascular rotations during general internal medicine, surgery, radiology, anesthesiology, or other general residencies can not be counted towards this requirement. Months spent in Cardiovascular Research may not be counted toward this requirement.	Requirement 4. (One of the following): <ul style="list-style-type: none">• Copy of a certificate of successful completion of an accredited fellowship in Cardiovascular Disease;• An original notarized letter on appropriate letterhead from the Division or the Department Head of Cardiovascular Disease or Fellowship Training Director stating the applicant has successfully completed an approved Cardiovascular Disease Fellowship and the date of completion;• An original notarized letter on appropriate letterhead from the hospital or appropriate departmental Training Director stating the applicant has completed a full 24 months of clinical training dedicated specifically to Cardiovascular Disease. The letter must document the inclusive dates of the training and the number of echoes performed and interpreted during training. A summary of the training program activities is recommended. (See Letters Documenting Training and/or Level of Service: Page 6)

Board Certification Requirements

BOARD CERTIFICATION REQUIREMENT 5 – CARDIOVASCULAR DISEASE TRAINING TIME TABLE

Level of Certification Applied For:	Section 1 Less Than 3 years out of Training	Section 2 Training Completed between July 1, 1990 & July 1, 2009	Section 3 Training Completed prior to July 1, 1990
<p>Comprehensive (c)</p> <p>IMPORTANT: If you completed training after June 30, 2009 and you failed to meet the requirements for certification during training, please refer to page 5 and page 10 for additional information.</p>	<p>Requirement 5. The applicant must have completed Level II Training (6 months training with performance of 150, and interpretation of 300 transthoracic echocardiograms and performed and interpreted at least 50 transesophageal and participated in and interpreted 100 stress echocardiograms during training).</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead from the Training Director, or the Medical Director of the Echocardiography Lab (Level III), verifying completion of Level II Training, the dates of training, and the number of transthoracic, transesophageal, and stress echos performed during training. The letter must include a statement from the Training Director indicating that the applicant "has the clinical competence and professional qualities necessary to perform as an independent echocardiographer."</p>	<p>Requirement 5. The applicant must have completed Level I Training (3 months training with performance and interpretation of 150 transthoracic echocardiograms and have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies, 50 transesophageal, and 100 stress echocardiograms per year for each of two (2) years immediately preceding this application.</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-D Echo/Doppler studies, transesophageal, and stress echocardiograms performed.</p>	<p>Requirement 5. The applicant must have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies per year for each of three (3) years immediately preceding this application. And have performed and interpreted at least 50 transesophageal and 100 stress echocardiograms per year for each of two (2) years immediately preceding this application.</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-D Echo/Doppler studies, transesophageal, and stress echocardiograms performed.</p>
<p>Transthoracic Certification (t)</p> <p>IMPORTANT: If you completed training after June 30, 2009 and you failed to meet the requirements for certification during training, please refer to page 5 and page 10 for additional information.</p>	<p>Requirement 5. The applicant must have Level II Training (6 months training with performance of 150 and interpretation of 300 transthoracic echocardiograms).</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead from the Training Director, or the Medical Director of the Echocardiography Lab (Level III) verifying completion of Level II Training, and the number of transthoracic studies performed during training. The letter must include a statement from the Training Director indicating that the applicant has the clinical and professional qualities necessary to perform as an independent echocardiographer.</p>	<p>Requirement 5. The applicant must have completed Level I Training (3 months training with performance and interpretation of 150 transthoracic echocardiograms and have provided echocardiography service of at least 400 2-Dimensional Echo/Doppler studies per year for each of the two (2) years immediately preceding this application.</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-Dimensional Echo/Doppler studies performed per year for each of the two (2) years preceding the application.</p>	<p>Requirement 5. The Applicant must have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies per year for each of three years preceding the application</p> <p>Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of Transthoracic studies performed per year for each of three (3) years preceding the application.</p>
<p>Transesophageal Echocardiography (Includes the Following Two):</p>			

Board Certification Requirements

Trans thoracic and Transesophageal Echocardiography Certification (te)

IMPORTANT: If you completed training after June 30, 2009 and you failed to meet the requirements for certification during training, please refer to page 5 and page 10 for additional information.

Requirement 5. The applicant must have completed Level II Training (6 months with the performance of 150, interpretations of 300 transthoracic echocardiograms) and performed and interpreted at least 50 transesophageal echocardiograms during training.

Supporting Documentation: An original notarized letter on appropriate letterhead from the Training Director, or the Medical Director of the echocardiography lab (Level III), verifying the completion of Level II Training, the date of training, and the number of transthoracic and transesophageal studies performed during training. This letter must include a statement from the Training Director indicating that the applicant has the clinical competence and professional qualities necessary to perform as an independent echocardiographer.

Transesophageal Echocardiography Certification (e)

IMPORTANT: If you completed training after June 30, 2009 and you failed to meet the requirements for certification during training, please refer to page 5 and page 10 for additional information.

Requirement 5. The applicant must have performed and interpreted at least 300 transesophageal echocardiograms within a training program.

Supporting Documentation: An original notarized letter on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g. Director of Cardiovascular Anesthesiology, stating the applicant has completed a full 24 months of clinical training dedicated specifically to Cardiovascular Disease. This letter must document the inclusive dates of the training and the number of transesophageal echoes performed during training. A summary of the training program activities is recommended.

Requirement 5. The applicant must have completed Level I Training (3 months training with performance and interpretation of 150 transthoracic echocardiograms and have provided echocardiography of at least 400 2-Dimensional Echo/Doppler studies and 50 transesophageal echocardiograms per year for each of two (2) years immediately preceding this application.

Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-Dimensional Echo/Doppler studies and transesophageal echocardiograms performed.

Requirement 5. The applicant must have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies per year for each of the three (3) years immediately preceding this application and have performed and interpreted at least 50 transesophageal echocardiograms per year for each of two (2) years immediately preceding this application.

Supporting Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-Dimensional Echo/Doppler studies and the transesophageal echocardiograms performed.

Requirement 5. The applicant must have performed and interpreted at least 150 transesophageal echocardiograms during the training program and performed at least 100 transesophageal echocardiograms per year for each of two (2) years immediately preceding application.

Supporting Documentation: An original notarized letter on appropriate letterhead from the Training Director or the Medical Director of Transesophageal studies performed for each of the two (2) years preceding this application.

Requirement 5. The applicant must have performed at least 100 transesophageal echocardiograms per year for each of the three (3) years immediately preceding application.

Supporting Documentation: An original notarized letter on appropriate letterhead from the Training Director or the Medical Director of the Echocardiography Lab (Level III) verifying the number of Transesophageal studies performed for each of the three years preceding this application.

Trans thoracic Plus Stress Echocardiogra- phy Certification (ts)

IMPORTANT: If you completed training after June 30, 2009 and you failed to meet the requirements for certification during training, please refer to page 5 and page 10 for additional information.

Requirement 5. The applicant must have completed Level I Training (3 months training with performance and interpretation of 150 transthoracic echocardiograms and have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies and 100 stress echocardiograms per year for each of two (2) years immediately preceding this application.

Required Documentation: An original notarized letter on appropriate letterhead verifying the number of 2-Dimensional Echo/Doppler studies and stress echocardiograms performed.

Requirement 5. The applicant must have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies per year for each of three (3) years immediately preceding this application. And have performed and interpreted at least 100 stress echocardiograms per year for each of two (2) years immediately preceding this application.

Required Documentation: An original notarized letter on appropriate letterhead verifying the number of 2 Dimensional Echo/Doppler studies and stress echocardiograms performed.

NOTE: The numbers provided must be in parallel, consecutive years and it is not limited to calendar years.

NOTE: The numbers provided must be in parallel, consecutive years and it is not limited to calendar years.

Requirements for Physicians that did not meet the required number of procedures during fellowship after June 30, 2009.

*For physicians less than 3 years out of training:

Must make-up the difference to meet Level II training requirements

- Must have a minimum of 6-months in the echo lab
- Meet minimum numbers for TTE (150, 300) along with TEE (50) and Stress (100), if desired for certification

Individuals who fail to satisfy these requirements during their fellowship can only qualify for certification by obtaining additional training in an ACGME accredited or other nationally accredited fellowship program.

(Please note that **for physicians completing their training on 6/30/2013** the number of years will be changed to NO 'more than 4 years to take the examination and apply for certification' and **for physicians completing their training on 6/30/2014** it will be change to NO 'more than 3 years to take the examination and apply for certification.' It will remain at NO 'more than 3 years to take the examination and apply for certification' moving beyond 2014.)

*For physicians more than 5 years out of training there are two pathways to certification:

Pathway #1: a) Meet the numbers needed for Level II (i.e. complete what you were deficient in) at a facility with an ACGME accredited cardiology fellowship training program or other nationally accredited cardiovascular training program, b) meet the minimum practice numbers the 2 years **prior** to completing the deficient training numbers, c) provide a minimum of 15-hours AMA category-1 echo-specific CME. The CME must be acquired during the same years in which the numbers are provided.

Pathway #2: a) Meet the numbers needed for Level II (i.e. complete what you were deficient in) at a facility with an ACGME accredited cardiology fellowship training program or other nationally accredited cardiovascular training program, b) meet the minimum practice numbers the 2 years **after** completing the deficient training numbers, c) provide a minimum of 15-hours AMA category-1 echo-specific CME. The CME must be acquired during the same years in which the numbers are provided.

(Please note that **for physicians completing their training on 6/30/2013** the number of years will be changed to NO 'more than 4 years to take the examination and apply for certification' and **for physicians completing their training on 6/30/2014** it will be change to NO 'more than 3 years to take the examination and apply for certification.' It will remain at NO 'more than 3 years to take the examination and apply for certification' moving beyond 2014.)

For physicians who complete training after June 30, 2009 and did meet Level II training requirements but wait more than 5 years to take the exam and apply for certification, they also must meet one of the additional supplemental practice requirements:

Pathway #1: a) meet the minimum practice numbers the 2 years **prior** to application, b) provide a minimum of 15-hour AMA category-1 echo-specific CME and these CME must be acquired during the same years in which the numbers are provided.

Pathway #2: a) meet the minimum practice numbers the 2 years **after** initial application, b) provide a minimum of 15-hour AMA category-1 echo-specific CME and these CME must be acquired during the same years in which the numbers are provided.

(Please note that **for physicians completing their training on 6/30/2013** the number of years will be changed to NO 'more than 4 years to take the examination and apply for certification' and **for physicians completing their training on 6/30/2014** it will be change to NO 'more than 3 years to take the examination and apply for certification.' It will remain at NO 'more than 3 years to take the examination and apply for certification' moving beyond 2014.)

Board Certification Requirements

BOARD CERTIFICATION REQUIREMENTS

I. Additional Certification in Transesophageal Echocardiography

For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

Requirement 1.

Applicants must be currently certified by the NBE in Transthoracic or Transthoracic Plus Stress Echocardiography, and cardiovascular disease training was completed prior to July 1, 2009.

Requirement 2.

Applicants must show continued maintenance of skills in, transesophageal echocardiography according to the following:

Performance and interpretation of at least 50 transesophageal echocardiograms per year for each of the two (2) years immediately preceding this application.

Requirement 3.

Application Fee \$50.00 (US Funds)

Important: Please refer to the Policy Notice on page 5 for adding Additional Certification.

II. Additional Certification in Stress Echocardiography

For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

Requirement 1.

Applicants must be currently certified by the NBE in Transthoracic or Transthoracic Plus Transesophageal Echocardiography, and cardiovascular disease training was completed prior to July 1, 2009.

Requirement 2.

Applicants must show continued maintenance of skills in, pharmacologic or exercise stress echocardiography according to the following:

Primary interpretation of at least 100 stress echocardiograms per year for each of the two (2) years preceding this application.

Requirement 3.

Application Fee \$50.00 (US Funds)

Important: Please refer to the Policy Notice on page 5 for adding Additional Certification.

REQUIRED DOCUMENTATION

See Application (page 17)

See Checklist (page 20)

An original notarized letter on appropriate letterhead from the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of transesophageal echocardiograms performed and interpreted per year for each of the two (2) years preceding this application. (See Letters Documenting Training and/or Level of Service: Page 6)

Application fee may be paid by check, money order, Visa, or MasterCard in US Funds. The NBE does not accept American Express or Discover.

See Application (page 17)

See Checklist (page 20)

An original notarized letter on appropriate letterhead from the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of Stress Echoes performed per year for each of the two (2) years preceding this application. (See Letters Documenting Training and/or Level of Service: Page 6)

Application fee may be paid by check, money order, Visa, or MasterCard in US Funds. The NBE does not accept American Express or Discover.

Special Circumstances

Special Circumstances

Other than 24 month Training in Cardiovascular Disease

The NBE recognizes that other albeit rare scenarios for obtaining 24 months of clinical training focused on Cardiovascular Disease are possible. Applicants who do not meet requirement 4 for Transthoracic Certification (t) may apply for certification by requesting that clinical experience with evidence of strong involvement in Cardiovascular Disease/Echocardiography be accepted for up to 12 months of the requirement for formal training.

These applications will be evaluated on a case-by-case basis for eligibility.

(Please note that Cardiovascular Disease training during residency can not be included as part of this 24 month requirement. See Requirement 4, page 7.)

Requirements for consideration for certification with less than 24 months Cardiovascular Disease Training

Requirements 1, 2, 3, and 6 of Transthoracic (t) Certification and each of the following:

- A letter requesting that clinical experience with evidence of strong involvement in Cardiovascular Disease/Echocardiography be accepted for up to 12 months of the requirement for formal training.
- A notarized letter on appropriate letterhead from the person responsible for the training, with detailed documentation of the training activities, statement of successful completion, and the inclusive dates must be supplied.
- A notarized letter detailing national/regional meetings attended, papers presented, lectures given, and peer reviewed publications in the realm of Cardiovascular Disease and/or Echocardiography must be submitted.
- A notarized letter on appropriate letterhead documenting the number of Transthoracic Echocardiograms performed per year in each of the preceding three (3) years, and the number of Transesophageal Echocardiograms and Stress Echocardiograms performed per year in each of the preceding two (2) years. (See Letters Documenting Training and/or Level of Service: Page 6)

Requirement 1 for Transthoracic (t) Certification:

Testamur of the ASEeXAM or ReASCE.

Requirement 2 for Transthoracic (t) Certification:

A current license or equivalent documentation of permission to practice medicine in the country of principal residence.

Requirement 3 Transthoracic (t) Certification:

Documentation of specialty board certification or its equivalent.

Requirement 4 for Transthoracic (t) Certification:

Documentation of 24 months of training dedicated to Cardiovascular Disease.

Requirement 5 for Transthoracic (t) Certification:

Documentation of Training equivalent to Level II (see above) in the three (3) years prior to this application (if training was completed subsequent to July 1, 1999),

OR

Documentation of Training equivalent to Level I (see above) and provision of the number of 2D Echo/Doppler services per year for each of the two (2) years prior to this application if training was completed between July 1, 1990 and July 1, 1999,

OR

Documentation of Provision of the number of 2D Echo/Doppler services per year for each of the three (3) years prior to this application if the training in Cardiovascular Disease was completed prior to July 1, 1990.

OR

Documentation of Accreditation by The British Society of Echocardiography.

Requirement 6 for Transthoracic (t) Certification:

Application fee.

Non-North American Trained Physicians

Non-North American trained physicians must have had the equivalent* of each of the applicable training and/or clinical experience requirements to be eligible for certification.

Applications will be reviewed on a case-by-case basis to determine the eligibility of the applicant for certification. Documentation must include the inclusive dates of training.

*Equivalent is defined as six (6) months of formal training in echocardiography with performance and interpretation of at least 300 2-D Echo/Doppler studies.

All documentation must be supplied in English. If original documentation is not in English, a certified translation must be attached to each document.

Change in Certification Policy

This change in Certification Policy affects all fellows who will complete their training after June 30, 2009 (i.e. those who began their training on or after July 1, 2006). Specifically, fellows completing their fellowship after June 30, 2009 can ONLY qualify for certification by completing level II training in echocardiography (6 months of formal training in echocardiography) during their fellowship including the satisfactory performance of at least 150 transthoracic echocardiograms and the interpreting of at least 300 transthoracic studies. Additional certification in stress echocardiography requires the performance and interpretation of at least 100 stress echocardiograms while additional certification in transesophageal echocardiography requires the performance of at least 50 transesophageal echocardiograms. **Individuals who fail to satisfy these requirements during their fellowship can only qualify for certification by obtaining additional training in an ACGME accredited or other nationally accredited fellowship program. For this group, practice experience will no longer be accepted as an alternative to formal training.**

Please refer to page 10 for additional information.

Certification Application Instructions

To Apply for Conversion from Testamur to Certified Status

1. Complete application on pages 15 and 16.
2. Sign the application on page 15. Unsigned applications will not be processed.
3. Complete the Check List on pages 18 or 19.
4. Include all of the required documentation for certification.
5. If applicable, complete the section concerning method of payment. The NBE accepts check, money order, VISA, and Master Card. Make checks payable to National Board of Echocardiography, Inc. or NBE.
6. Submit application, all the required documentation, license, and fee (if applicable) to NBE .

To Apply for Change in Certification Status

1. Complete application on page 17.
2. Sign the application on page 17. Unsigned application will not be processed.
3. Complete the Check List on page 20.
4. Include all of the required documentation for certification.
5. Complete the section concerning the method of payment. The NBE accepts check, money order, VISA, and MasterCard. Make checks payable to National Board of Echocardiography, Inc. or NBE.
6. Submit application, license, and fee (if applicable) to NBE.

NOTE: Cardiovascular disease training must have been completed prior to July 1, 2009.

IMPORTANT: Please refer to the Policy Notice on page 5 for adding Additional Certification.

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Application for Conversion from Testamur to Certified Status

Please fill out the application carefully, accurately, and completely. Please print.

APPLICATIONS THAT ARE NOT SIGNED AND/OR DO NOT INCLUDE A COPY OF THE CURRENT MEDICAL LICENSE WILL NOT BE PROCESSED. (Medical license must show expiration date.)

Incomplete applications will not be reviewed by the Certification Committee. Faxed applications will not be accepted. Attach completed checklist (page 18 or 19) and all required documentation.

- I am applying for (check one box):
- Comprehensive Certification (Transthoracic, Transesophageal, and Stress) (c)
 - Transthoracic Certification (t)
 - Transthoracic plus Transesophageal Certification (te) – (Cardiovascular Clinician)
 - Transesophageal Certification (e) – (Cardiovascular Anesthesiologist or Cardiovascular Surgeon)
 - Transthoracic plus Stress Certification (ts)

Name _____
Last/Surname First (Full Name) Middle (Full Name)

Degree _____ Social Security Number (last 4 digits) _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Address is (please check one): Home Business

Telephone Country Code* (Outside US & Canada) _____ Telephone City Code* (Outside US and Canada) _____

Business Telephone _____ Cell Telephone _____

Home Telephone _____ E-mail (required) _____

Application Fee

\$175.00 (US Funds)

If you passed ASCeXAM in 1996-2001.....\$175 (US Funds)

If you passed ASCeXAM in 2002-2015No Additional Charge
(included in exam fee)

Refund Policy

No refunds will be made.

Payment Options

Check Money Order VISA MasterCard

(The NBE Does Not Accept American Express or Discover)

Name on Card _____

Card # _____

Exp. Date _____

Authorized Signature _____

I affirm that the information supplied in this application is true and correct.

The NBE reserves the right to request additional information/ documentation on all applications.

Signature _____
(Original signature required)

Unsigned applications will not be processed.
Please answer the questions on the next page.

****Did you include a copy of your current medical license that shows an expiration date AND sign this application?*****

Application for Conversion from Testamur to Certified Status (continued)

Please circle the appropriate letter below:

1. I have been a practicing echocardiographer for _____ years.
A. 0-2 B. 3-5 C. 6-10 D. 11-15 E. 16-20 F. 20+
2. I spend the majority of my time in this discipline:
A. Anesthesiology
B. Internal Medicine
C. Radiology
D. Cardiology
E. Primary Care/Family Medicine
F. Pediatric Cardiology
G. Other (specify) _____
3. Type of Practice:
A. Private
B. HMO
C. Full-time Academic
D. Part-time Academic
E. Fellow
F. Other (specify) _____
4. Echocardiographic examinations currently performed and/or interpreted:
A. None
B. Less than 5 per week
C. 5-10 per week
D. 11-20 per week
E. Over 20 per week

5. Cardiovascular Disease Training:
A. Other than Formal Instruction
(Attach brief explanation and see requirement 4 on check list)
B. Formal Instruction Cardiovascular Disease Training/Fellowship
Institution _____
Director _____
Date Training Completed (mm/dd/yy) _____
6. Amount of Formal Echocardiography Training:
A. Less than 3 months
B. 3-6 months
C. Over 6 months
Institution _____
Director _____
Date Training Completed (mm/dd/yy) _____
7. I am requesting 12 months as experience. Yes No
(I do not have a minimum of 24 months of training dedicated to the study of cardiovascular disease.) (See Page 11)
8. I am North American Trained.
 I am Non-North American Trained.
NOTE: All documentation must be supplied in English. If original documentation is not in English, a certified translation must be attached to each document. (See Page 12)
9. I participated/passed the Examination of Special Competency in Adult Echocardiography (ASEeXAM or ASCeXAM) in _____ (Year).

Mail, UPS, or FedEx completed application, check list, documentation and payment to:

The National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, North Carolina 27607

Make checks payable to National Board of Echocardiography, Inc. or NBE.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE PROCESSED.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE CERTIFICATION COMMITTEE.

To contact our office:

Phone: (919)861-5582
E-mail: info@echoboard.org
Web site: www.echoboard.org

Note: It is the responsibility of the applicant to verify that all required documentation is attached to the application. The applicant is also responsible for verifying that notarized letters are correct and in the required format.

Please check our website at www.echoboard.org for future application deadlines.

Application for Change in Certification Status

Please fill out the application carefully, accurately, and completely. Please print.

APPLICATIONS THAT ARE NOT SIGNED AND/OR DO NOT INCLUDE A COPY OF THE CURRENT MEDICAL LICENSE WILL NOT BE PROCESSED. (Medical license must show expiration date.)

Incomplete applications will not be reviewed by the Certification Committee. Faxed applications will not be accepted. Attach completed checklist (page 20) and all required documentation.

I am currently certified in: (check one)

- Transthoracic Echocardiography (t)
 Transthoracic plus Transesophageal Echocardiography (te) – (Cardiovascular Clinician)
 Transthoracic plus Stress Echocardiography (ts)

I am applying for: (check each that you are applying for)

- Transesophageal Echocardiography
 Stress Echocardiography

Important: Please refer to the Policy Notice on page 5 for adding Additional Certification.

Name _____
Last/Surname First (Full Name) Middle (Full Name)

Degree _____ Social Security Number (last 4 digits) _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Address is (please check one): Home Business

Telephone Country Code* (Outside US & Canada) _____ Telephone City Code* (Outside US and Canada) _____

Business Telephone _____ Cell Telephone _____

Home Telephone _____ E-mail (required) _____

Cardiovascular Disease Training Completed (mm/dd/yy) _____

Application Fee
\$50.00 (US Funds)

Refund Policy
No refunds will be made.

Payment Options
 Check Money Order VISA MasterCard
(The NBE Does Not Accept American Express or Discover)

Name on Card _____

Card # _____

Exp. Date _____

Authorized Signature _____

I affirm that the information supplied in this application is true and correct.

The NBE reserves the right to request additional information/documentation on all applications.

Signature _____
(Original signature required)

Note: It is the responsibility of the applicant to verify that all required documentation is attached to the application. The applicant is also responsible for verifying that notarized letters are correct and in the required format.

Note: Cardiovascular disease training must have been completed prior to July 1, 2009.

Mail, UPS, or FedEx completed application, check list, documentation and payment to:
The National Board of Echocardiography, Inc., 1500 Sunday Drive, Suite 102, Raleigh, North Carolina 27607

Make checks payable to National Board of Echocardiography, Inc. or NBE.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE PROCESSED.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE CERTIFICATION COMMITTEE.

To contact our office:

Phone: (919) 861-5582

E-mail: info@echoboards.org

Web site: www.echoboards.org



Checklist

National Board of Echocardiography, Inc.

Certification for Comprehensive (c), Transthoracic (t), Transthoracic plus Transesophageal (te), and Transthoracic plus Stress (ts) Echocardiography (ASCeXAM and Conversion from Testamur to Certified Status)

Application is for _____ Certification.

Name _____
Last/Surname First (Full Name) Middle (Full Name)

Social Security Number (last 4 digits) _____ Date of Birth _____

___ Requirement 1 – Testamur of the Examination of Special Competence in Adult Echocardiography

Enter Year Exam Passed: _____
(If taking ASCeXAM in 2015 enter 2015)

___ Requirement 2 – Medical License

Copy of Current Medical License renewal certificate that shows expiration date

___ Requirement 3 – Training in a Medical Sub-specialty

Copy of Highest Subspecialty Medical Board Certificate
(Copy of ABIM Certificate in Cardiovascular Disease is preferred)

___ Requirement 4 – Training in Cardiovascular Disease

Enter Exact date That Training in CV Disease was completed
(mm/dd/yy) _____

Supply **One** of the Following to Confirm Date That Training Was Completed:

- Copy of Fellowship Certificate in Cardiovascular Disease
- Notarized Letter on Appropriate Letterhead From Division/ Fellowship Director Confirming the Length and Dates of Training
- Notarized Letter on Appropriate Letterhead from the Hospital or Appropriate Departmental Training Director Confirming Dates and Completion of a Full 24 Months of Clinical Training in Cardiovascular Disease

___ Requirement 5 – Training in Echocardiography

(Information CAN be combined into one letter)

If CV Training was completed Less than 3 years out of Training
Go to Section 1

If CV Training was completed Between July 1, 1990 and July 1, 2009
Go To Section 2

If CV Training was completed Before July 1, 1990 Go to Section 3

Section 1: Cardiovascular Training was completed less than 3 years out of training

- ___ Notarized Letter from Training Director or Division Head documenting Achievement of Level II Training in Echocardiography stating the dates of training and the number of Transthoracic Echocardiograms performed during training. (c, t, te, ts)
- ___ Notarized Letter documenting the number of Transesophageal Echocardiograms performed during training. (c, te)
- ___ Notarized Letter documenting the number of Stress Echocardiograms performed during training. (c, ts)
- ___ Notarized Letter from Training Director stating that the applicant is competent to perform as an independent echocardiographer. (see sample letter, page 21)

Section 2: Cardiovascular Training was completed BETWEEN July 1, 1990 and July 1, 2009

- ___ Notarized Letter documenting the number of Transthoracic Echocardiograms performed per year in each of the preceding two (2) years. (c, t, te, ts)
- ___ Notarized Letter documenting the number of Transesophageal Echocardiograms performed per year in each of the preceding two (2) years. (c, te)
- ___ Notarized Letter documenting the number of Stress Echocardiograms performed per year in each of the preceding two (2) years. (c, ts) (see sample letter, page 22 or page 23)

Section 3: Cardiovascular Training was completed BEFORE July 1, 1990

- ___ Notarized Letter documenting the number of Transthoracic Echocardiograms performed per year in each of the preceding three (3) years. (c, t, te, ts)
- ___ Notarized Letter documenting the number of Transesophageal Echocardiograms performed per year in each of the preceding two (2) years. (c, te)
- ___ Notarized Letter documenting the number of Stress Echocardiograms performed per year in each of the preceding two (2) years. (c, ts) (see sample letter, page 22 or page 23)

Note: It is the responsibility of the applicant to verify that all required documentation is attached to the application. The applicant is also responsible for verifying that notarized letters are correct and in the required format.

**RETURN THIS CHECKLIST WITH APPLICATION AND DOCUMENTATION TO:
National Board of Echocardiography, Inc., 1500 Sunday Drive, Suite 102, Raleigh, NC 27607**

Checklist

National Board of Echocardiography, Inc.

Certification in Transesophageal Echocardiography (e) for Cardiovascular Anesthesiologist or Cardiovascular Surgeon (ASCeXAM and Conversion from Testamur to Certified Status)

Application is for Transesophageal Certification.

Name _____
Last/Surname First (Full Name) Middle (Full Name)

Social Security Number (last 4 digits) _____ Date of Birth _____

___ Requirement 1

Enter Year Exam Passed: _____
(If taking ASCeXAM in 2015 enter 2015)

___ Requirement 2

Copy of Current Medical License renewal certificate that shows
expiration date

___ Requirement 3

Copy of Highest Subspecialty Medical Board Certificate

___ Requirement 4

Enter Exact date that training in CV Disease was completed
(mm/dd/yy) _____

Supply **One** of the Following to Confirm Date That Training Was
Completed:

- copy of Fellowship Certificate in Cardiovascular Disease
- Notarized Letter on Appropriate Letterhead From Division/
Fellowship Director Confirming the Length and Dates of Training
- Notarized Letter on Appropriate Letterhead from the Hospital or
Appropriate Departmental Training Director Confirming Dates
and Completion of a Full 24 Months of Clinical Training in
Cardiovascular Disease

___ Requirement 5 (pages 8-9)

Training in Echocardiography:

If CV Training was completed after July 1, 2009 Go to Section 1

If CV Training was completed Between July 1, 1990 and July 1, 2009
Go to Section 2

If CV Training was completed Prior to July 1, 1990 go to Section 3

Section 1: Cardiovascular Training was completed less than 3 years out of training

___ Notarized Letter documenting the number of Transesophageal
Echocardiograms performed during training.

Section 2: Cardiovascular Training was completed BETWEEN July 1, 1990 and July 1, 2009

___ Notarized Letter documenting the number of Transesophageal
Echocardiograms performed during training.

AND

___ Notarized Letter documenting the number of Transesophageal
Echocardiograms performed per year in each of the preceding
two (2) years.

Section 3: Cardiovascular Training was completed BEFORE July 1, 1990

___ Notarized Letter documenting the number of Transesophageal
Echocardiograms performed per year in each of the preceding
three (3) years.

**Note: It is the responsibility of the applicant to verify that all required documentation is attached to the application.
The applicant is also responsible for verifying that notarized letters are correct and in the required format.**

**RETURN THIS CHECKLIST WITH APPLICATION AND DOCUMENTATION TO:
National Board of Echocardiography, Inc., 1500 Sunday Drive, Suite 102, Raleigh, NC 27607**

Checklist

National Board of Echocardiography, Inc.

Change in Certification

Application is for Additional Certification in: (check all that apply) Transesophageal Echocardiography Stress Echocardiography

Name _____
Last/Surname First (Full Name) Middle (Full Name)

Social Security Number (last 4 digits) _____ Date of Birth _____

Requirement 1

Enter Year Exam Passed: _____

Enter Date Cardiovascular Disease Training was completed: _____

Note: Cardiovascular Disease Training must have been completed prior to July 1, 2009.

Important: Please refer to the Policy Notice on page 5 for adding Additional Certification.

Requirement 2 (page 10)

Maintenance of skills in echocardiography

(Information CAN be combined into one letter if applying for additional certification in both Transesophageal and Stress Echocardiography)

Transesophageal:

Performance and interpretation of at least 50 transesophageal echocardiograms per year for each of the two (2) years immediately preceding this application.

- Notarized Letter documenting the number of Transesophageal Echocardiograms performed per year in each of the preceding two (2) years.

Stress:

Primary interpretation of at least 100 stress echocardiograms per year for each of the two (2) years preceding this application.

- Notarized Letter documenting the number of Stress Echocardiograms performed per year in each of the preceding two (2) years.

Note: It is the responsibility of the applicant to verify that all required documentation is attached to the application. The applicant is also responsible for verifying that notarized letters are correct and in the required format.

**RETURN THIS CHECKLIST WITH APPLICATION AND DOCUMENTATION TO:
National Board of Echocardiography, Inc., 1500 Sunday Drive, Suite 102, Raleigh, NC 27607**

Sample Letter

For physicians who completed fellowship Less Than 3 years out of Training

ABC Hospital

123 Main Street • New York, NY 54321 • (212) 123-5432

Date

National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

RE: *Physician's Full Name*
Physician's Date of Birth
Physician's Social Security Number
ACGME Program Number

To Whom It May Concern:

Requirement 4:

This letter serves to confirm that Dr. _____ (*name*) successfully completed a minimum of 24 months of clinical cardiology training at our institution between _____ (*date*) and _____ (*date*) including completion of Level II echocardiography training and at least 6 months specific training in the Echocardiography laboratory. This letter further confirms that this program is an accredited ACGME training program or other nationally accredited cardiovascular disease training program.

Requirement 5:

Our laboratory records indicate that _____ (*he/she*) performed and interpreted echoes during training as follows:

Transthoracic Echoes (2-D and Doppler) Performed	_____ (<i>#</i>)
Transthoracic Echoes (2-D and Doppler) Interpreted	_____ (<i>#</i>)
Transesophageal Echoes Performed and Interpreted	_____ (<i>#</i>)
Stress Echoes Participated In and Interpreted	_____ (<i>#</i>)

In my opinion Dr. _____ (*name*) has the clinical competence and professional qualities necessary to perform as an independent echocardiographer.

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.
(Please check box.)

Sincerely,

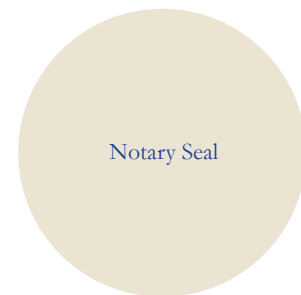
John Doe

Name

Title (Division or Department Head or Fellowship Training Director)

Sworn and subscribed to before me on (*date*): _____

Signature of Notary Public



* NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of studies performed and interpreted MUST be provided. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters documenting training MUST be on appropriate letterhead, MUST BE NOTARIZED, and MUST be the original letter.

Sample Letter

For physicians who completed fellowship PRIOR to July 1, 2009
and are in private practice

ABC Practice

123 Main Street • New York, NY 54321 • (212) 123-5432

Date

National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

RE: *Physician's Full Name*
Physician's Date of Birth
Physician's Social Security Number

To Whom It May Concern:

This letter serves to confirm that Dr. _____ (*name*) is a practicing cardiologist in private practice. Our records indicate that _____ (*he/she*) has performed and interpreted echoes as follows:

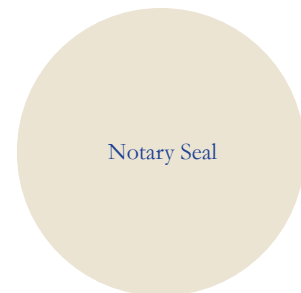
	Yr. 1 (2012)	Yr. 2 (2013)	Yr. 3 (2014)
Transthoracic (93303-93308) *	####	####	####
Transesophageal (93312-93317)*		####	####
Stress Echo (93350)*		####	####

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.
(Please check box.)

Sincerely,

Jane Smith

Name
Title (President, CEO, or Business Manager)



Sworn and subscribed to before me on (date): _____

Signature of Notary Public

* NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of studies performed and interpreted MUST be provided. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters documenting level of service MUST be on appropriate letterhead, MUST BE NOTARIZED, and MUST be the original letter.

NOTE: The numbers provided must be in parallel, consecutive years but need not be calendar years. The end of the most recent year for which credit is requested must fall within the 12 months prior to receipt of the complete application.

Sample Letter

For physicians who completed fellowship PRIOR to July 1, 2009
and work in a hospital setting

XYZ Hospital

123 Main Street • New York, NY 54321 • (212) 123-5432

Date

National Board of Echocardiography, Inc.
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

RE: Physician's Full Name
Physician's Date of Birth
Physician's Social Security Number

To Whom It May Concern:

This letter serves to confirm that Dr. _____ (*name*) is a practicing cardiologist working in our Echocardiography Lab. Our records indicate that _____ (*he/she*) has performed and interpreted echoes as follows:

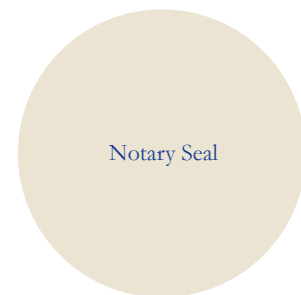
	Yr. 1 (2012)	Yr. 2 (2013)	Yr. 3 (2014)
Transthoracic (93303-93308)*	####	####	####
Transesophageal (93312-93317)*		####	####
Stress Echo (93350)*		####	####

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.
(Please check box.)

Sincerely,

Joe Jones

Name
Title (Medical Director)**



Sworn and subscribed to before me on (*date*): _____

Signature of Notary Public

* NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of studies performed and interpreted MUST be provided. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters documenting training MUST be on appropriate letterhead, MUST BE NOTARIZED, and MUST be the original letter.

NOTE: The numbers provided must be in parallel, consecutive years but need not be calendar years. The end of the most recent year for which credit is requested must fall within the 12 months prior to receipt of the complete application.

** In the absence of a formal director of the echocardiography laboratory, the letter should be written by an appropriate supervising physician. If applicant is the Medical Director of the Echocardiography Laboratory, the letter should be from the Chief of Cardiology or the Chief of Staff of the Hospital.