



Application for Recertification

Adult Echocardiography (ReASCE)

Certification Requirements and Application

National Board of Echocardiography, Inc.[®]
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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), the Recertification Examination of Special Competence in Adult Echocardiography (ReASCE), or the Examination of Special Competence in Perioperative Transesophageal Echocardiography (PTEeXAM), 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 ReASCE or the PTEeXAM.

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 then given in 1996, again under the ASE, and in 1997 and 1998 under ASEeXAM, 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 the NBE began offering certification in 2001.

The title of “Diplomate” was designated for physicians who were certified in echocardiography. Certification is valid for ten (10) years from the year that the Examination of Special Competence is passed.

The NBE has developed a Recertification Examination that is similar in format to the Examination of Special Competence in Adult Echocardiography (ASCeXAM) but designed specifically for those who have previously passed the ASCeXAM. The purpose of the Recertification Examination is to promote continued excellence in the performance and interpretation of cardiac ultrasound. This examination should be considered in conjunction with on-going continuing medical education in the field.

Eligibility

Recertification

Diplomates of the NBE who meet the criteria for recertification may apply for recertification at the time of application for the ReASCE examination. The certification checklist (page 14) and all required documentation can be submitted with the ReASCE application. If you are applying for certification at the same time that you are applying for the exam, you will need to complete a conversion application as well. The exam application will not be sufficient.

Note: If previously not certified in transesophageal and/or stress echocardiography, but have performed the required number of studies per year for the two (2) years prior to this application, Transthoracic Plus Transesophageal (te), Transthoracic Plus Stress (ts), or Comprehensive (c), Certification may be requested.

The Certification Committee will 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 ReASCE examination. Applicants will receive notification of the decision of the committee within a year.

Testamurs and Diplomates of the ASCeXAM may take the ReASCE in their 9th, 10th and 11th years surrounding their 10-year expiration date. Recertification is effective as of the expiration date of the ASCeXAM (initial test). Applicants have 10 years to apply for recertification through the recertification requirements.

Testamur Status

Testamurs of the ASCeXAM will continue to have access to the examination. This is to encourage physicians to test and demonstrate their knowledge of echocardiography based on an objective standard. This is 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 will continue to be designated as “Testamur” of the National Board of Echocardiography, Inc. Testamurs who wish to apply for initial Certification in Echocardiography must use the Application for Board Certification which may be found in the ASCeXAM Certification Application.

Applying for Recertification

The Purposes of Recertification

The purposes of the certification process are to:

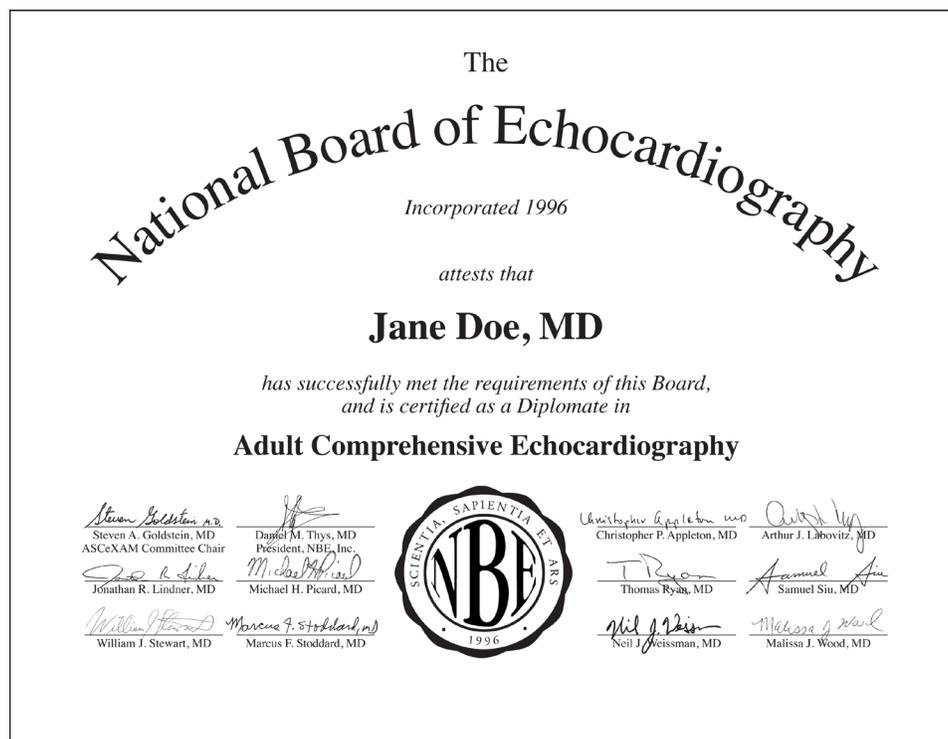
- establish the domain of the practice of echocardiography for the purpose of certification,
- assess the level of knowledge demonstrated by a licensed physician practitioner of echocardiography in a valid manner,
- enhance the quality of echocardiography and individual professional growth in echocardiography,
- 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

Note: If previously not certified in transesophageal and/or stress echocardiography but have performed the required number of studies per year for the two (2) years prior to this application, Transthoracic Plus Transesophageal (te), Transthoracic Plus Stress (ts), or Comprehensive (c), Certification may be requested.

Physicians who are certified in Transthoracic Echocardiography (or higher) by the NBE may apply for additional certification once their level of service in those areas meets the minimum requirements. (See Page 9)



Applying for Recertification

Recertification 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 Level of Service:

All letters documenting level of service **MUST** be typed on appropriate letterhead, **MUST** be the original notarized letter (no copies), and **MUST** contain **EXACT** numbers of studies performed and interpreted. Applications with letters not meeting these criteria will not be reviewed.

All letters documenting level of service from Division or Department Head of Cardiovascular Disease, Director of Cardiovascular Anesthesiology, or the Medical Director* of the Echocardiography Laboratory (Level III) **MUST** be typed on appropriate letterhead and **MUST** be notarized. Sample letters are available on pages 16 and 17 and on our web site: www.echoboards.org.

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 written by 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 be broken down by procedure code in the following format.

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

The EXACT number of studies performed and interpreted per year **MUST** be provided. Applications containing approximated and/or rounded numbers will **NOT** be reviewed by the Certification Committee.

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.

Effective Date of Recertification

Diplomates of the NBE, who pass the Recertification Examination and meet the requirements for recertification, will be certified for an additional ten (10) years from the expiration date of their current certification. Testamurs who pass the Recertification examination will retain their status for an additional ten (10) years; e.g., if the ASCeXAM was passed in 2005 the current certification or Testamur status is valid until June 30, 2015. The status will be extended until June 30, 2025 regardless of which year the Recertification Examination is passed.

Review of Documentation for Recertification

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

Refund Policy

Applications for Additional Certification:
No refunds will be made.

Maintenance of Testamur or Diplomate Status:

- Testamurs and Diplomates of the NBE are required to take the ReASCE in either the 9th, 10th, or 11th year surrounding their 10-year anniversary date to maintain their status with the NBE. Individuals who allow their status to lapse will have their names removed from the NBE's online Testamur/Diplomate listing page.
- If a Diplomate does take and pass the ReASCE in the compulsory timeframe, but does not submit the required documentation for recertification, the candidate is eligible to apply for recertification at any time before the expiration of their Testamur status. Once their application for recertification is approved, their status will be changed from Testamur to Diplomate of the level in which they were approved.
- If a Testamur/Diplomate does NOT take and pass the ReASCE in the compulsory timeframe, the individual must pass the ReASCE and pay a \$200.00 reinstatement fee at the time of application. Additionally, Diplomates that do not take the ReASCE in the required 3-year period must meet the initial certification requirements and the CME requirements for recertification.
- If Testamur or Diplomate status has lapsed more than 9 years, applicants must take the ASCeXAM.

Example for 2003 Initial Examination Pass Date:

Action	Year
Initial Examination Passed Year	2003
Eligible for Recertification Examination	2012 to 2022
Retake Initial Examination	2023 or later

NOTE – *If lapsed applicant chooses not to attempt the ReASCE until their 19th year (9 years lapsed), they will need to take and pass the ReASCE in both the 19th and 20th year to retain status for an additional 10 years.*

Action	Year
Initial Examination Passed Year	2003
Takes Recertification Examination	2022
Retake Recertification Examination	2023

KEY POINT – *At any point, after their certification has lapsed applicants may attempt the initial ASCeXAM and receive certification for 10 years from the year the most recent exam was passed.*

Testamurs from 1996-1998 are not required to sit for ReASCE to maintain their Testamur status with the NBE; however, the NBE strongly encourages these individuals to test and demonstrate their knowledge of echocardiography based on this objective standard.

Board Recertification Requirements

BOARD CERTIFICATION REQUIREMENTS

I. Comprehensive Certification (c): (Transthoracic, Transesophageal, and Stress)

Applicants must show continued maintenance of skills in transthoracic, transesophageal and stress echocardiography according to the requirements for each of the three levels of certification.

II. Transthoracic Certification (t):

Requirement 1. Pass the ReASCE

Applicants must pass the ReASCE.

Requirement 2. Diplomate of the NBE through the ASCeXAM

Applicants must be currently certified by the NBE in Echocardiography through the ASCeXAM.

Requirement 3. Current License to Practice Medicine

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 4. Continued Maintenance of Skills in Echocardiography

The applicant must have provided echocardiography services of at least 400 2-Dimensional Echo/Doppler studies per year for two (2) of the three (3) years immediately preceding this application.

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 5. Continuing Medical Education Specific to Echocardiography

Applicants must have at least 15 hours of AMA category 1 continuing medical education devoted to echocardiography obtained during the three (3) years immediately preceding this application.

REQUIRED DOCUMENTATION

Comprehensive Certification (c): See explanation of requirements and documentation on pages 7 and 8 for transthoracic, transesophageal, and stress certification. You must meet each of these requirements to be eligible for Comprehensive Certification.

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 required must fall within the 12-months prior to receipt of the complete application.

Applicant must supply all required documentation maintenance of skills. See checklist (page 14).

Indicate current level of certification on application

A copy of current medical license renewal certificate that shows the expiration date.

Transthoracic Certification (t): An original notarized letter typed on appropriate letterhead verifying the number of 2-D Echo/Doppler studies performed per year for each of the two (2) or three (3) years preceding this application must be provided as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

A copy of certificate(s) or documentation from the institution providing CME credits documenting 15 hours of AMA category 1 CME devoted to echocardiography. For meetings not devoted only to echocardiography, applicants must indicate on the copy of the certificate how many hours were devoted to echocardiography.

Board Certification Requirements

BOARD CERTIFICATION REQUIREMENTS

III. Transesophageal Echocardiography Certification

Certification in transesophageal echocardiography is available in two forms.

1. Transthoracic and Transesophageal Echocardiography Certification (te) is designed for the cardiovascular clinician providing both transthoracic and transesophageal services.
2. Transesophageal Echocardiography Certification (e) is designed for the cardiovascular anesthesiologist or cardiovascular surgeon whose primary echocardiography service is transesophageal echocardiography.

1. Transthoracic and Transesophageal Echocardiography Certification (te):

In addition to the documentation for transthoracic certification, applicants must show continued maintenance of skills in, transesophageal echocardiography.

Performance and interpretation of at least 50 transesophageal echocardiograms per year for two (2) of the three (3) years immediately preceding this application.

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.

2. Transesophageal Echocardiography Certification (e):

Applicants meeting Requirements 1, 2, 3, 5, and 6 for Transthoracic Certification, may substitute transesophageal experience for transthoracic experience for the purpose of certification in transesophageal echocardiography. This certification is limited to interpretation of diagnostic transesophageal studies and does not imply certification for interpretation of diagnostic transthoracic procedures. Applicants must show continued maintenance of skills in transesophageal echocardiography:

Performance of at least 100 transesophageal echocardiograms per year for two (2) of the three (3) years immediately preceding this application.

IV. Transthoracic and Stress Echocardiography Certification (ts):

In addition to the requirements for transthoracic certification, applicants must show continued maintenance of skills in, pharmacologic or exercise stress echocardiography.

Primary interpretation of at least 100 stress echocardiograms per year for two (2) of the three (3) years immediately preceding this application.

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.

REQUIRED DOCUMENTATION

Transthoracic and Transesophageal Echocardiography Certification (te): An original notarized letter typed 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) or three (3) years preceding this application as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

Transesophageal Echocardiography Certification (e): An original notarized letter typed on appropriate letterhead from the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of Transesophageal studies performed for each of the two (2) or three (3) years preceding this application as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

Transthoracic and Stress (ts): An original notarized letter typed on appropriate letterhead from the Training Director, or the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of Stress Echoes performed per year for each of the two (2) or three (3) years preceding this application as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

Board Certification Requirements for Change in Certification Status

This page applies in the event the applicant does not meet the recertification criteria for TEE or Stress at the time of taking ReASCE.

BOARD CERTIFICATION REQUIREMENTS

I. Additional Recertification in Transesophageal Echocardiography:

Requirement 1.

Applicants must be currently certified by the NBE in Transthoracic or Transthoracic Plus Stress Echocardiography and have previously been granted c or te certification.

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 two (2) of the three (3) years immediately preceding this application.

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 3.

Application Fee \$50.00 (US Funds)

II. Additional Recertification in Stress Echocardiography:

Requirement 1.

Applicants must be currently certified by the NBE in Transthoracic or Transthoracic Plus Transesophageal Echocardiography and have previously been granted c or ts certification.

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 two (2) of the three (3) years immediately preceding this application.

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 3.

Application Fee \$50.00 (US Funds)

REQUIRED DOCUMENTATION

An original notarized letter typed on appropriate letterhead from the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of Transesophageal studies performed for each of the two (2) or three (3) years preceding this application as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

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

An original notarized letter typed on appropriate letterhead from the Training Director, or the Medical Director of the Echocardiography Laboratory (Level III) verifying the number of Stress Echoes performed per year for each of the two (2) or three (3) years preceding this application as appropriate. (See Letters Documenting Level of Service: Page 6)

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.

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

Board Recertification and Change in Recertification Status

To Apply for Board Recertification

1. Complete application on pages 11 and 12.
2. **Sign the application on page 11. Unsigned applications will not be processed.**
3. Complete the checklist on page 14.
4. Include all 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 the National Board of Echocardiography, Inc. or NBE.
6. Submit signed application, current license and fee to NBE.

For those physicians who are applying for their INITIAL certification, please refer to the ASCeXAM Certification application for Board Certification requirements.

To Apply for Change in Recertification Status

1. Complete application on page 13.
2. **Sign the application on page 13. Unsigned application will not be processed.**
3. Complete the Check List on page 15.
4. Include all of the required documentation for change in certification (see page 9).
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 signed application, current license, and fee to NBE.

Application Deadline

The Certification Committee will meet annually to review applications. Please check our website at www.echoboard.org for application deadline. Applicants will be notified of the decision of the board in writing. The decision of the board will NOT be given over the telephone, via fax, or via e-mail.

NOTE: Incomplete applications will not be reviewed by the Certification Committee. If items of documentation are missing, applicants will be notified. Applications will be considered as complete on the date that all documentation has been received.

Cancellation of Applications for Board Recertification and Applications for Additional Certification:

No refunds will be made.

Application for Board Recertification

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 or scanned applications will not be accepted. Attach completed checklist (page 14) 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) _____

Medical License/Registration # _____ Expiration Date _____ Issuing State _____

Application Fee

- I am applying for recertification **on-time****No Additional Charge**
- I am applying for recertification at the same time as I am applying for initial certification.

(There is no fee for **recertification**; however, there may be a fee associated with your initial certification. Please refer to the ASCeXAM Conversion Application to verify.)

***Please refer to page 5 for an explanation of Maintenance of Status.

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 Board Recertification (cont.)

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. I passed or am participating in the Recertification Examination of Special Competency in Adult Echocardiography (ReASCE) 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 OR SCANNED APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS THAT DO NOT HAVE AN ORIGINAL SIGNATURE 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

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.echoboards.org for application deadline.

ReASCE Application for Change in Recertification Status

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

APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE PROCESSED.

Incomplete applications will not be reviewed by the Certification Committee.
Faxed or scanned applications will not be accepted. Attach 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 additional certification in: (check each that you are applying for)
 Transesophageal Echocardiography
 Stress Echocardiography

Name _____

Last/Surname

First (Full Name)

Middle (Full Name)

Degree _____ Social Security Number _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Address is (please check one): Home Business

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

Business Telephone _____ Cell Telephone _____

Home Telephone _____ E-mail (required) _____

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.

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 OR SCANNED APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS THAT DO NOT CONTAIN AN ORIGINAL SIGNATURE 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

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

ReASCE Board Certification Checklist

National Board of Echocardiography, Inc.

Recertification for Comprehensive (c), Transthoracic (t), Transthoracic plus Transesophageal (te), Transesophageal (e) and Transthoracic plus Stress (ts) Echocardiography

(Complete application on pages 11-12 and submit with documentation.)

Application is for _____ Certification.

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

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

Documents supporting recertification to follow.

___ Requirement 1. Pass the ReASCE.

___ Requirement 2. Diplomate of the NBE.

Please circle the appropriate letter below:

Indicate Current Level of Certification:

- A. Comprehensive (c)
- B. Transthoracic (t)
- C. Transthoracic Plus Transesophageal (te)
- D. Transesophageal Certification (e)
- E. Transthoracic Plus Stress (ts)

Indicate year ASCeXAM (or ASEeXAM) was passed:

- | | |
|---------|---------|
| A. 1996 | G. 2002 |
| B. 1997 | H. 2003 |
| C. 1998 | I. 2004 |
| D. 1999 | J. 2005 |
| E. 2000 | K. 2006 |
| F. 2001 | |

___ Requirement 3. Current License to Practice Medicine.

Copy of Current Medical License Renewal Certificate that shows expiration date.

Enter Expiration Date: _____

___ Requirement 4. Continued Maintenance of Skills in Echocardiography.

- ___ Original notarized letter documenting the number of Transthoracic Echocardiograms performed per year in each of the preceding two (2) or three (3) years as appropriate. (c, t, te, ts)
- ___ Original notarized letter documenting the number of Transesophageal Echocardiograms performed per year in each of the preceding two (2) or three (3) years as appropriate. (c, te, e)
- ___ Original notarized letter documenting the number of Stress Echocardiograms performed per year in each of the preceding two (2) or three (3) years as appropriate. (c, ts)

___ Requirement 5. Continuing Medical Education Specific to Echocardiography.

A copy of certificate(s) or documentation from the institution providing CME credits documenting 15 hours of AMA category 1 CME devoted to echocardiography. For meetings not devoted only to echocardiography, applicants must indicate on the copy of the certificate how many hours were devoted to echocardiography.

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 Recertification

(Complete application on page 13 and submit with documentation.)

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 ReASCE Passed: _____

Enter Date Cardiovascular Disease Training was completed: _____

Requirement 2

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.

Original 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.

Original 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 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:

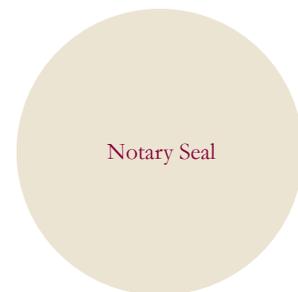
	Year 1 (2012)	Year 2 (2013)	Year 3 (2014)
Transthoracic (93303-93308) *	#####	#####	#####
Transesophageal (93312-93317)*	#####	#####	#####
Stress Echo (93350)*	#####	#####	#####

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 NOT 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 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:

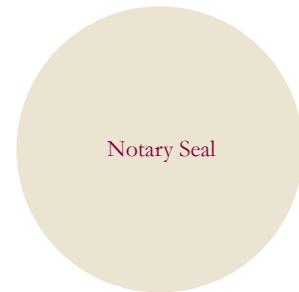
	Year 1 (2012)	Year 2 (2013)	Year 3 (2014)
Transthoracic (93303-93308)*	####	####	####
Transesophageal (93312-93317)*	####	####	####
Stress Echo (93350)*	####	####	####

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 NOT 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.

**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.