



Application for Certification

Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM)

Certification Requirements and Application

National Board of Echocardiography, Inc.[®]
1500 Sunday Drive, Suite 102 • Raleigh, NC 27607
Phone: 919-861-5582 • Email: info@echoboard.org
Website: www.echoboard.org

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Please check our website at www.echoboard.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 Perioperative Transesophageal Echocardiography,
- recognize those physicians who successfully complete the Examination of Special Competence in Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM), and
- develop a board certification process that will publicly recognize as Diplomates of the National Board of Echocardiography, Inc.® those physicians who have completed training programs or significant practice experience in the perioperative care of surgical patients with cardiovascular disease and in advanced perioperative transesophageal echocardiography (TEE), as specified in this application, and have additionally passed the Advanced PTEeXAM.

The examination and board certification in advanced perioperative transesophageal echocardiography is 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 perioperative transesophageal echocardiography was given under the auspices of the Society of Cardiovascular Anesthesiologists (SCA) as a field test in 1997. An examination of perioperative transesophageal echocardiography was given in 1998, again under the SCA, and annually since then under the NBE. Physicians who successfully passed the exam were certified as having successfully completed the perioperative transesophageal echocardiography examination. Board certification was not granted since applicants were not requested to supply information regarding successful completion of training dedicated to the perioperative care of surgical patients with cardiovascular disease nor completion of special training in perioperative transesophageal 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 board certification in 2004.

Eligibility

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 advanced perioperative transesophageal 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 advanced perioperative transesophageal echocardiography. Those who successfully pass the examination, will be granted Testamur status as having successfully completed the Examination of Special Competence in Advanced Perioperative Transesophageal Echocardiography of the National Board of Echocardiography, Inc.®

Certification

Licensed physicians who meet the criteria for certification may apply for Certification at the time of application for the Advanced PTEeXAM. The certification application, checklist, and all required documentation can be submitted at any time but is not required to register for the Advanced PTEeXAM.

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 Advanced PTEeXAM. Applicants will receive notification of the decision of the committee within the year.

Individuals who previously passed the Advanced PTEeXAM may apply for certification at any point in which they meet the clinical experience requirements as long as their testamur status remains valid.

Scope of Practice

The application of an advanced perioperative TEE examination is to utilize the full diagnostic potential of perioperative TEE including direction of the perioperative surgical decision making process.

Important Policy Updates

Requirement 5 Practice Experience Pathway

Applicant's that finished core residency training before July 1, 2009:

Applicants must have performed and interpreted at least 300 comprehensive perioperative transesophageal echocardiograms within four (4) consecutive years with no less than 50 in any year and these exams must have occurred no more than 10-years prior to application. Additionally, the applicant must have performed and interpreted an average of 50 comprehensive perioperative transesophageal echocardiograms in the 4-years immediately preceding application. At least 150 of the 300 echocardiograms must be intraoperative. Physicians seeking certification by this pathway must have at least 50 hours of AMA category 1 continuing medical education devoted echocardiography obtained during the time the physician is acquiring the requisite clinical experience in TEE.

Applying for Certification

Who May Apply?

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 the scope of practice will not be accepted for purposes of eligibility for certification.) The application, checklist, and all required documentation should be submitted with the application. The Certification Committee will meet to review applications for Certification 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 PTEeXAM. Applicants will receive notification of the decision of the committee within 12 months.

The Purposes of Advanced PTE Board Certification

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

Certification Documentation and Instructions

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

Letters Documenting Training and/or Level of Service

Letters documenting training and/or level of service from Residency Program Director, the Fellowship Training Director, Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of the Echocardiography Laboratory MUST be the original notarized letter (no copies accepted), MUST be typed on appropriate letterhead, and MUST contain EXACT numbers of studies performed and interpreted. Applicants with letters not meeting these criteria will not be reviewed. Sample letters in the required format are on pages 12-13 the sample log on page 14, and on our web site: www.echoboard.org

If applicant is in private practice, 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. Letters signed by the applicant 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 the receipt of the complete application.

Review of Documentation for Board Certification

Since Certification is dependent on passing the Advanced PTEeXAM, applications for certification are reviewed after the examination has been satisfactorily completed. Due to the expected volume of applications and complexity of the process, review of the applications may take up to one year.

Effective Date of Board Certification

Certification will be retroactive to the date that the Examination of Special Competence in Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM) was passed and will be valid for ten (10) years from that date; e.g. if the exam was passed in 2005 board certification will be valid until June 30, 2015. If the exam is passed in 2015, board certification will be valid until June 30, 2025.

Non-North American Trained Physicians

Non-North American trained physicians must have had the equivalent of each of the applicable requirements. Applications will be reviewed on a case by case basis to determine the eligibility of the applicant for certification. All documentation must be supplied in English. If original documentation is not in English, a certified translation must be attached to each document.

Current License to Practice Medicine:

If your medical license does not have an expiration date, you are required to supply ONE of the following:

- An original letter from the Medical Council stating your license is permanent
- A original certificate of good standing, dated no more than 12 months prior to date application received

Current Medical Board Certification:

Documentation of permission to practice anesthesiology is acceptable documentation.

Specific Training/Experience in the Perioperative Care of Surgical Patients with Cardiovascular Disease: Fellowship Pathway

Documentation must include the inclusive dates of training.

Change in Certification Policy

Applicants that finished their core residency training after June 30, 2009, can ONLY qualify for certification by completing fellowship training at an institution with an ACGME accredited fellowship program. Training obtained during core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement.

Canadian and Non-North American applicants that finished their core residency training after June 30, 2009, can ONLY qualify for certification by completing fellowship training at an institution with a nationally accredited training program in anesthesiology. Applications will be reviewed on a case basis to determine eligibility of the applicant for certification.

NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those that finished their core residency training after June 30, 2009.

Definition of Perioperative TEE

Perioperative TEE is defined as a TEE performed 1) intraoperative 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization.

Note that diagnostic TEEs performed on patients not having a surgical operation, e.g. to rule out thrombus before a cardioversion or ablation, or to rule out a cardiac source of embolus, are not considered to be perioperative and cannot be used for certification.

Advanced PTE Board Certification Requirements

CERTIFICATION REQUIREMENTS	REQUIRED DOCUMENTATION
<p>Requirement 1. Successful completion of the Examination of Special Competence in Perioperative Transesophageal Echocardiography.</p> <p>Applicants must have taken and passed the PTEeXAM.</p>	<p>Requirement 1.</p> <p>Applicant must supply all required documentation for training and maintenance of skills. See checklist (page 11)</p> <p>Indicate Year that the PTEeXAM was passed on application.</p>
<p>Requirement 2. Current License to Practice Medicine.</p> <p>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 the scope of practice will not be accepted for purposes of eligibility for certification.)</p>	<p>Requirement 2.</p> <p>A copy of current medical license renewal certificate that shows the expiration date. (Non North American Physicians see page 5)</p>
<p>Requirement 3. Current Medical Board Certification.</p> <p>Applicants must be board certified by a board which holds membership in the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, the American Association of Physician Specialists, or Royal College of Physicians and Surgeons of Canada.</p>	<p>Requirement 3.</p> <p>A copy of current highest board certification attained, e.g. Anesthesiology, Cardiovascular Disease, Internal Medicine, etc. (Non North American Physicians see page 5)</p>
<p>Requirement 4. Specific Training/Experience in the Perioperative Care of Surgical Patients with Cardiovascular Disease.</p> <p>Fellowship Pathway:</p> <p>Applicants must have a minimum of 12 months of clinical fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease. Training obtained during the core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement. Fellowship training in cardiothoracic or cardiovascular anesthesiology must be obtained at an institution with an ACGME or other national accrediting agency accredited fellowship in cardiothoracic anesthesiology.</p> <p>Cardiothoracic anesthesiology fellowships in Canada will be accepted only if they are at least one (1) year long and occur after an anesthesiology core residency of five (5) years, and are at an institution with a nationally accredited training program in anesthesiology.</p> <p>OR</p> <p>Practice Experience Pathway:</p> <p>Applicants must have a minimum of 24 months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease. The experience must include perioperative care personally delivered by the applicant to at least 150 patients with cardiovascular disease per year in each of the two (2) years immediately preceding the application. Training obtained during core residency may not be counted towards this requirement.</p> <p>NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those that finished their core residency training after June 30, 2009.</p>	<p>Requirement 4.</p> <p>Fellowship Pathway:</p> <p>One of the following:</p> <ul style="list-style-type: none">• A copy of a certificate of successful completion of fellowship training dedicated to the perioperative care of surgical patients with Cardiovascular Disease.• A notarized letter typed on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g. Residency Program Director, the Fellowship Training Director, Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of Echocardiography Laboratory stating the applicant has completed a full 12 months of clinical training dedicated specifically to the perioperative care of surgical patients with cardiovascular disease. This letter must document the inclusive dates of the training, as well as the ACGME program number. A summary of the training program activities is recommended. (See Letters Documenting Training and/or Level of Service page 5 and for Sample Letter see page 12) <p>OR</p> <p>Practice Experience Pathway:</p> <p>A notarized letter typed on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g. Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of the Echocardiography Laboratory verifying the number of months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease, and the number of patients to whom perioperative care was personally delivered by the applicant for each of the two (2) years immediately preceding the application. (See Letters Documenting Training and/or Level of Service page 5 and for Sample Letter see page 13)</p>

Advanced PTE Board Certification Requirements

CERTIFICATION REQUIREMENTS

Requirement 5 Specific Training in Echocardiography.

Supervised Training Pathway:

Applicants must have had specific training or clinical experience in advanced perioperative transesophageal echocardiography, including study of 300 complete perioperative TEE examinations under appropriate supervision. These examinations must include a wide spectrum of cardiac diagnoses. Of the 300 examinations, at least 150 comprehensive intraoperative TEE examinations must be personally performed, interpreted, and reported by the trainee. For these 150 examinations, the supervising physician must be present for all critical aspects of the procedure, and immediately available throughout the procedure. Those examinations that are not personally performed by the applicant must be acquired and reviewed at an institution where the applicant has performed TEEs under supervision. Documentation of compliance with the requirements of this pathway must be obtained from the institution where the examinations are performed and must be in a form acceptable to the NBE. Training obtained during the core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement.

Applicants that finished their core residency training after June 30, 2009, can ONLY qualify for certification by completing cardiothoracic or cardiovascular anesthesiology fellowship training at an ACGME accredited fellowship program.

Cardiothoracic anesthesiology fellowships in Canada will be accepted only if they are at least one (1) year long and occur after an anesthesiology core residency of five (5) years, and are at an institution with a nationally accredited training program in anesthesiology.

NOTE: Supervised Training in Perioperative TEE must be completed in two years or less.

Definition of Perioperative TEE: Perioperative TEE is defined as a TEE performed 1) intraoperative 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization. Note that diagnostic TEEs performed on patients not having a surgical operation, e.g. to rule out thrombus before a cardioversion or ablation, or to rule out a cardiac source of embolus, are not considered to be perioperative and cannot be used for certification.

OR

Practice Experience Pathway (Certification Policy Change):

Applicants must have performed and interpreted at least 300 comprehensive perioperative transesophageal echocardiograms within four (4) consecutive years with no less than 50 in any year and these exams must have occurred no more than 10-years prior to application. Additionally, the applicant must have performed and interpreted an average of 50 comprehensive perioperative transesophageal echocardiograms in the 4-years immediately preceding application. At least 150 of the 300 transesophageal echocardiograms must be intraoperative. Physicians seeking certification by this pathway must have at least 50 hours of AMA category 1 continuing medical education devoted to echocardiography obtained during the time the physician is acquiring the requisite clinical experience in TEE.

NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those that finished their core residency training after June 30, 2009.

Definition of Perioperative TEE: Perioperative TEE is defined as a TEE performed 1) intraoperative 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization.

Requirement 6. Application Fee.

Advanced PTE Board Certification:

Conversion to Board Certification:

If you passed PTEeXAM 1998-2003\$175 (US Funds)
 If you passed PTEeXAM 2004-2015 No Additional Charge
 (Included in Exam fee)

REQUIRED DOCUMENTATION

Requirement 5.

Supervised Training Pathway:

A notarized letter typed on appropriate letterhead from the hospital or appropriate department Training Director e.g. Residency Program Director, the Fellowship Training Director, Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of the Echocardiography Laboratory verifying completion of training and/or experience in perioperative transesophageal echocardiography and the number of comprehensive intraoperative TEE examinations personally performed, interpreted and reported and the number of complete examinations reviewed with supervision by the trainee. (See Letters Documenting Training and/or Level of Service page 5 and for Sample Letter see page 12)

For examinations studied but not performed by the applicant, a log itemizing each examination including the date reviewed, the diagnosis, surgery performed, and the supervising faculty/staff with whom the findings were discussed. The log must indicate that these exams were studied but not performed. (See Sample Case Log on page 14)

Note: Do not include any patient information on the log. Logs received with patient information will be returned to the applicant. Only include date reviewed, diagnosis, surgery performed, and with whom the findings were discussed.

OR

Practice Experience Pathway:

A notarized letter typed on appropriate letterhead from the hospital or appropriate department Training Director e.g. Residency Program Director, the Fellowship Training Director, Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of the Echocardiography Laboratory verifying the number of transesophageal studies performed and interpreted on surgical patients. The letter must state that at least 150 of the 300 transesophageal echocardiograms were intraoperative. (See Letter Documenting Training and/or Level of Service page 5 and for Sample Letter see page 13.)

AND

A copy of certificate(s) or documentation from the institution providing CME credits documenting 50 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.

Requirement 6.

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

Certification Instructions

To Apply for Advanced PTE Certification

1. Complete application on pages 9 and 10.
2. Sign the application on page 9. Unsigned applications will not be processed.
3. Please complete Check List on page 11.
4. Include all of the required documentation for certification.
5. Complete the section concerning method of payment.

Advanced PTE Board Certification:

If you passed PTEeXAM 1998-2003.....\$175 (US Funds)
If you passed PTEeXAM 2004-2015..... No Additional Charge
(Included in Exam fee)

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 necessary documentation for certification to the NBE.

Mail, UPS, or FedEx completed certification application, checklist, documentation and payment to:

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

The NBE recommends that if mail is used you obtain proof of delivery.

Questions? Please visit www.echoboards.org or call 919-861-5582.

Certification Application Deadlines


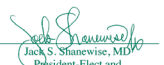











The Certification Committee will meet annually to review applications. **Applications for Certification are accepted anytime.** Please check our website at www.echoboards.org for future application deadlines.

Due to the volume of expected applications and complexity of the process, review of the applications may take up to one year.

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. Once all documentation has been received, the certification application will be processed for review at the next certification meeting.

The
National Board of Echocardiography
Incorporated 1996
attests that
John Doe, MD
has successfully met the requirements of this Board,
and is certified as a *Diplomate in*
Advanced Perioperative Transesophageal Echocardiography

 Edward A. Geiser, MD President, NBE, Inc.	 Jack S. Shanewise, MD President-Elect and PTEeXAM Certification Committee Chair		 Steven A. Goldstein, MD Secretary/Treasurer	 Daniel M. Thys, MD Immediate Past President
 Arthur E. Wesley, MD ASCeXAM Certification Committee Chair	 Linda D. Gilliam, MD		 Richard A. Humes, MD	 Stephen J. Kaul, MD
 Michael H. Picard, MD	 Harry Rakowski, MD		 Robert M. Savage, MD	 Stanton K. Sherman, MD

No. 1996-285
Valid Until June 30, 2006

Application for Advanced PTE Board Certification

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 applications will not be accepted. Attach completed checklist on page 11 and all required documentation.

See page 8 for certification instructions.

ID#

MIDDLE NAME

FIRST NAME

LAST NAME

FOR OFFICE USE ONLY:

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

Degree _____ Social Security Number (last 4 digits) _____ Date of Birth _____
(mm/dd/yy)

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Address is (please check one): Home Business

Telephone Country Code* (If outside US and Canada) _____ Telephone City Code* (If outside US and Canada) _____

Business Telephone _____ Cell Telephone _____

Home Telephone _____ E-mail (required) _____

Core Residency Training:
Institution _____ Specialty _____ Date Training Completed: _____
(mm/dd/yy)

Application Fee

Advanced PTE Board Certification:

If you passed PTEeXAM 1998-2003\$175 (US Funds)

If you passed PTEeXAM 2004-2015 No 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 and documentation on all applications.

Signature _____
(Original Signature Required)



**Please make sure you have signed this application.
Unsigned applications will not be processed.**

Please answer the applicable questions on the following page.

FOR OFFICE USE ONLY:

Application for Advanced PTE Board Certification (continued)

Please circle the appropriate letter below. Please answer only the questions applicable to you. If you answered these questions on the PTEeXAM application, please disregard.

- How long have you performed echocardiography in your clinical practice?
 - Not yet in practice
 - Less than 1 year
 - 1-2 years
 - 2-5 years
 - More than 5 years
- Which of the following best describes your current professional status?
 - Anesthesiology residency (PGY 2, 3, 4, or CA-1, -2, or -3)
 - Anesthesiology fellowship (PGY 5 or above)
 - Staff anesthesiologist
 - Other (non-anesthesiology) residency or fellowship
 - Other (non-anesthesiologist) staff physician
- Which of the following is your primary clinical area?
 - Intraoperative anesthesia
 - Postoperative critical care
 - Cardiology
 - Surgery
- How many echocardiograms do you currently perform and interpret each week?
 - None
 - Less than 3
 - 3-5
 - 6-10
 - More than 10
- How would you describe your dedicated training in echocardiography?
 - No dedicated training
 - During PGY 1, 2, or 3 years (Internship, CA-1, or CA-2)
 - During PGY 4 (CA-3)
 - During PGY 5 or later training years (Fellowship in Cardiac Anesthesia, or Critical Care Medicine, or other training program)
 - During time off from clinical practice
- How long was your dedicated training in echocardiography?
 - No dedicated training
 - Less than 3 months
 - 6 months
 - 6 - 12 months
 - More than 1 year

7. I have previously taken the PTEeXAM.

- Yes Date _____
 No

8. I am North American Trained
 I am Non-North American Trained

Note: If you are Non-North American trained all documentation must be supplied in English. If original documentation is not in English, a certified translation must be attached to each document.

9. Where did you graduate from medical school?
 - United States
 - Canada
 - Other

10. What year did you graduate from medical school?
 - Prior to 1991
 - 1991 - 1995
 - 1996 - 2000
 - 2001 - 2005
 - 2006 or later

11. In which of the following settings do you spend most of your time?
 - Community hospital
 - University hospital
 - Veterans Affairs hospital

12. I completed or will complete 12 months Clinical Training/Fellowship dedicated to the perioperative care of surgical patients with cardiovascular disease at the following institution:

Institution _____

Director _____

Date Training Completed (mm/dd/yy) _____

13. I completed or will complete Formal Echocardiography Training at the following institution:

Institution _____

Director _____

Date Training Completed (mm/dd/yy) _____

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, SCANNED, LATE, OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

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 future application deadlines.

Checklist

National Board of Echocardiography, Inc.®

Advanced PTE Board Certification

(Complete application on pages 9-10 and submit with documentation.)

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

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

Please check one: All required documentation provided.
 Required documentation to be mailed at a later date.

Requirement 1

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

Requirement 2

Copy of Current Medical License Renewal Certificate that shows expiration date. Enter Expiration Date: _____

Requirement 3

Copy of Highest Subspecialty Medical Board Certificate

Requirement 4

Supply ONE of the Following:

Fellowship Pathway:

- A copy of a certificate of successful completion of fellowship training dedicated to the perioperative care of surgical patients with Cardiovascular Disease,
- A notarized letter on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g. Residency Program Director, the Fellowship Training Director, Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology, Chairs of Anesthesiology, Medicine or Surgery, or the Medical Director of Echocardiography Laboratory stating the applicant has completed full 12 months of clinical training dedicated specifically to the perioperative care of surgical patients with Cardiovascular Disease. This letter must document the inclusive dates of the training, as well as the ACGME program number. A summary of the training program activities is recommended. (See Letters Documenting Training and/or Level of Service: Page 5 and for Sample Letter see page 12)

OR

Practice Experience Pathway:

- A notarized letter on appropriate letterhead from the hospital or appropriate departmental Training Director verifying the number of months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease, and the number of patients to whom perioperative care was personally delivered by the applicant for each of the two (2) years immediately preceding the application. (See Letters Documenting Training and/or Level of Service page 5 and for Sample Letter see page 13)

Requirement 5

Supervised Training Pathway:

- A notarized letter on appropriate letterhead from the hospital or appropriate department Training Director verifying completion of training and/or experience in perioperative transesophageal echocardiography and the number of comprehensive intraoperative TEE examinations personally performed, interpreted and reported and the number of complete examinations reviewed with supervision by the trainee. (For Sample Letter see page 12)
- Log itemizing each examination studied but not performed by the applicant including the date reviewed, the diagnosis, surgery performed, and the supervising faculty/staff with whom the findings were discussed. (See Sample Case Log see page 14)

Note: Do not include any patient information on the log. Logs received with patient information will be returned to the applicant. Only include date reviewed, diagnosis, surgery performed, and with whom the findings were discussed.

OR

Practice Experience Pathway:

- A notarized letter on appropriate letterhead from the hospital or appropriate department Training Director verifying the number of comprehensive transesophageal studies performed on surgical patients for each of the four (4) years preceding this application (For Sample Letter see page 13)

AND

- A copy of certificate(s) or documentation from the institution providing CME credits documenting 50 hours of AMA category 1 CME devoted to echocardiography **obtained during the time the physician is acquiring the requisite clinical experience in TEE.** 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**

Sample Letter

Advanced PTE Board Certification

For Physicians who completed 12 month clinical fellowship dedicated to the perioperative care of surgical patients with cardiovascular disease (Requirements 4 and 5)
Letters must be submitted in this format.

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 (last 4 digits)
 ACGME Program Number

To Whom It May Concern:

REQUIREMENT 4

This letter confirms that Dr. _____ (*name*) successfully completed a minimum of 12 months of clinical fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease at our institution between _____ (*beginning date*) and _____ (*ending date*). This letter further confirms that fellowship training was obtained at an institution with an affiliation with an accredited core residency program.

REQUIREMENT 5

Our records indicate that _____ (*he/she*) had specific training in Perioperative Transesophageal Echocardiography and personally performed, interpreted, and reported _____ (*#*) comprehensive intraoperative TEE examinations under appropriate supervision. In addition, _____ (*he/she*) studied under appropriate supervision, but did not perform _____ (*#*) studies for a total of _____ (*#*) complete intraoperative TEE examinations. These studies include a wide spectrum of cardiac diagnoses.

I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates.

Sincerely,

John Doe

Name
Title (*Residency Program Director, Fellowship Training Director, etc.*)

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

Signature of Notary Public

Notary Seal

NOTE: *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 MUST be typed on appropriate letterhead and MUST be notarized.

Sample Letter

Advanced PTE Board Certification Practice Experience Pathway (Requirements 4 and 5) Letters must be submitted in this format.

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 (last 4 digits)

To Whom It May Concern:

REQUIREMENT 4

This letter confirms that Dr. _____ (*name*) is a physician practicing in our hospital. Our records indicate that _____ (*he/she*) has _____ (**#*) months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease between _____ (*date of employment*) and _____ (*end of employment or current date*).

Our records indicate that _____ (*he/she*) personally delivered perioperative care to _____ (**#*) patients with cardiovascular disease in 2013 and _____ (**#*) patients with cardiovascular disease in 2014.

REQUIREMENT 5

In addition our records indicate that _____ (*he/she*) performed and interpreted the number of comprehensive perioperative transesophageal echocardiograms per year as follows:

(2005)	(2006)	(2007)	(2008)	(2009)	(2010)	(2011)	(2012)	(2013)	(2014)
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
###	###	###	###	###	###	###	###	###	###

I certify that the numbers of studies provided above are exact numbers and are not rounded and/or estimates and that at least 150 of the perioperative transesophageal echocardiograms performed and interpreted were intraoperative.

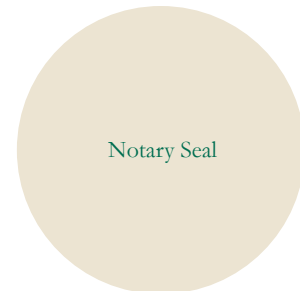
Sincerely,

Jane Smith

Name
Title (Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery,
Medical Director of the Echocardiography Laboratory, President, CEO, etc.)

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

Signature of Notary Public



NOTE: *The EXACT number of studies performed and interpreted MUST be provided. Letters documenting training MUST be typed on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent 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.



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

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RALEIGH, NC

Sample Case Log

Requirement 5

For Physicians who completed 12 month clinical fellowship dedicated to the perioperative care of surgical patients with cardiovascular disease or who are using Supervised Training Pathway

Supervised Training Perioperative Transesophageal Echocardiography Examinations Studied but NOT performed

DO NOT INCLUDE PATIENT INFORMATION

The Log of Cases Studied but NOT Performed Must Be in This Format

Physician's Full Name _____

Physician's Date of Birth _____

Physician's Social Security Number (last 4 digits) _____

Number	Date Reviewed	Diagnosis	Surgery Performed	Supervisor/Faculty/Staff With whom findings discussed
1				
2				
3				
4				
5				
<i>(continue numbering)</i>				