



# **Application for Certification**

## **Basic Perioperative Transesophageal Echocardiography (Basic PTEeXAM)**

### **Certification Requirements and Application**

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

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Please check our website at [www.echoboards.org](http://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 Perioperative Transesophageal Echocardiography,
- recognize those physicians who successfully complete the Examination of Special Competence in Basic Perioperative Transesophageal Echocardiography (Basic 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 basic perioperative transesophageal echocardiography (TEE), as specified in this application, and have additionally passed either the Basic PTEeXAM or the Advanced PTEeXAM.

The examination and board certification in basic 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.

In cooperation with the American Society of Anesthesiology, the National Board of Echocardiography is offering certification in basic perioperative transesophageal echocardiography. The primary purpose of this certification is to provide anesthesiologists who use TEE as a monitor during general anesthesia an opportunity to demonstrate their competence with this technique. Certification in basic perioperative TEE is NOT intended to qualify an individual to use TEE as a diagnostic tool to direct or assess cardiac surgical interventions; the board certification in perioperative transesophageal echocardiography offered by the NBE since 2003 remains unchanged and still serves this purpose and from this point on will be referred to as Advanced PTE Certification. The requirements for certification in basic perioperative transesophageal echocardiography are based on the Guidelines for Training in Perioperative Echocardiography adopted by the Society of Cardiovascular Anesthesiologists and the American Society of Echocardiography in 2002.

## Eligibility

### Certification

Licensed physicians who have passed the Basic PTEeXAM or the Advanced PTEeXAM and are board certified in anesthesiology may apply for Basic PTE Certification. 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. Applicants will receive notification of the decision of the committee within the year.

Individuals who have passed the Advanced PTEeXAM and have been awarded testamur status may apply for certification at any point at which they meet the clinical experience requirements as long as their testamur status remains valid. (For information concerning the Advanced PTE Certification, visit our website at [www.echoboards.org](http://www.echoboards.org))

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

### Scope of Practice

The application of a basic perioperative TEE examination is limited to non-diagnostic use within the customary practice of anesthesiology. Because the goal of and training in basic PTE is focused on intraoperative monitoring rather than specific diagnosis, except in emergent situations, diagnoses requiring intraoperative cardiac surgical intervention or postoperative medical/surgical management must be confirmed by an individual with advanced skills in TEE or by an independent diagnostic technique.

# Applying for Certification

## Who May Apply?

Licensed physicians who have passed the Basic PTEeXAM or the Advanced PTEeXAM and are board certified in anesthesiology may apply for Basic PTE 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.

## The Purposes of Basic PTE Certification

- establish the domain of the practice of basic perioperative transesophageal echocardiography for the purpose of certification,
- assess the level of knowledge demonstrated by a licensed physician practitioner of perioperative transesophageal echocardiography in a valid manner,
- enhance the quality of perioperative transesophageal echocardiography and individual professional growth in 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 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 Basic PTE 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 typed on appropriate letterhead, MUST be the original notarized letter (no copies), 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 and case log are available on pages 11-13 and on our web site: [www.echoboard.org](http://www.echoboard.org)

If the 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 Basic PTE Certification

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 Certification

Certification will be retroactive to the date that the Examination of Special Competence in Basic Perioperative Transesophageal Echocardiography (PTEeXAM) was passed and will be valid for ten (10) years from that date; e.g. if the exam was passed in 2016 board certification will be valid until June 30, 2026.

## 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
- An original certificate of good standing; dated no more than 12 months prior to date application received

### Current Anesthesiology Certification:

Documentation of permission to practice anesthesiology is acceptable documentation.

### Specific Training in Basic Perioperative Transesophageal Echocardiography:

Documentation must include the inclusive dates of training.

## 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.

# Basic PTE Board Certification Requirements

## CERTIFICATION REQUIREMENTS

### Requirement 1. Successful completion of the Examination of Special Competence in Perioperative Transesophageal Echocardiography.

Applicants must have passed the Basic PTEeXAM or the Advanced PTEeXAM.

### Requirement 2. 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 the scope of practice will not be accepted for purposes of eligibility for certification.)

### Requirement 3. Current Medical Board Certification.

Applicants must be board certified in Anesthesiology.

### Requirement 4. Specific Training in Basic Perioperative TEE.

#### Supervised Training Pathway:

Applicants must have had specific training or clinical experience in perioperative TEE, including study of 150 basic perioperative TEE examinations under appropriate supervision. Of the 150 examinations, at least 50 basic intraoperative TEE examinations must be personally performed and interpreted by the trainee. For these 50 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. Supervised training in basic perioperative TEE must be obtained from an ACGME or other national accreditation agency accredited anesthesiology residency program, and must be accomplished within a four year period of time or less.

OR

#### Practice Experience Pathway:

Applicants must have performed and interpreted at least 150 basic intraoperative TEE examinations within four (4) consecutive years immediately preceding application with no less than 25 in any year in which any of the 150 echocardiograms were performed. Physicians seeking certification by this pathway must have at least 40 hours of AMA category 1 continuing medical education devoted to perioperative TEE obtained during the time the physician is acquiring the requisite clinical experience in TEE.

OR

#### Extended CME Pathway: (Must Complete Both Components)

**Practice component:** Applicants must have performed and interpreted at least 50 basic perioperative transesophageal echocardiograms within two (2) consecutive years immediately preceding application with no less than 25 in any year in which any of the 50 echocardiograms were performed.

AND

**Education component:** Physicians seeking certification by this pathway must successfully complete the review of 100 basic perioperative TEEs in the ASA/SCA Basic Perioperative TEE Education Program within two years of the application.

**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: 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.**

**NOTE: The practice experience pathway will not be available to those completing their anesthesiology residency training after June 30, 2016.**

### Requirement 5. Application Fee.

Basic PTE Certification:

If you passed Basic PTEeXAM 2010-2014.....No Additional Charge  
(Included in Exam Fee)

Conversion to Basic Certification:

If you passed Advanced PTEeXAM 1998-2014 .....\$200 (US Funds)

## REQUIRED DOCUMENTATION

### Requirement 1.

Applicant must supply all required documentation for training and maintenance of skills. See checklist (page 8)

Indicate Year that the Basic PTEeXAM or the Advanced PTEeXAM was passed on application.

### Requirement 2.

A copy of current medical license renewal certificate that shows the expiration date. (Non North American Physicians see page 5)

### Requirement 3.

A copy of current board certification attained in Anesthesiology. (Non North American Physicians see page 5)

### Requirement 4.

#### 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 specific training and/or experience in perioperative transesophageal echocardiography and the number of basic perioperative TEE examinations personally performed and interpreted 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 11)

For examinations studied but not performed by the applicant, a log itemizing each examination including the date reviewed, the diagnosis and 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 12)

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 basic intraoperative transesophageal studies performed and interpreted on surgical patients for each of the four (4) years preceding this application. (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 40 hours of AMA category 1 CME devoted to perioperative TEE. For meetings not devoted only to perioperative TEE, applicants must indicate on the copy of the certificate how many hours were devoted to echocardiography.

OR

#### Extended CME 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 basic intraoperative transesophageal echocardiograms performed and interpreted on surgical patients in two (2) of the three (3) years immediately preceding this application. (See Letter Documenting Training and/or Level of Service page 5 and for Sample Letter see page 13)

AND

A copy of the certificate or documentation from the ASA/SCA Basic Perioperative TEE education program documenting the successful review of 100 basic perioperative TEEs, the number of AMA category 1 CME hours awarded, and the date of completion of the program.

### Requirement 5.

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

# Certification Instructions

## Submitting Certification Applications

Mail, UPS, or FedEx completed applications, check list, 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.**

If you have any questions, please visit our web site at: [www.echoboards.org](http://www.echoboards.org) or call 919-861-5582.

## To Apply for Conversion from Testamur to Certified Status

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 8.
4. Include all of the required documentation for certification.
5. Complete the section concerning method of payment.

Conversion to Certification:

If you passed Basic PTEeXAM 2010-2014....No Additional Charge  
(Included in Exam Fee)

If you passed Advanced PTEeXAM 1998-2015 .... \$200 (US Funds)

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.

## Application Deadlines for Conversion from Testamur to Certified Status and Additional Information

The Certification Committee will meet annually to review applications. **Applications for Conversion from Testamur to Certified Status are accepted anytime.**

Please check our web site at [www.echoboards.org](http://www.echoboards.org) for future application deadlines.

Due to the expected volume of 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.

# Checklist

National Board of Echocardiography, Inc.

## Certification in Basic Perioperative Transesophageal Echocardiography

(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 will be mailed at a later time.

### \_\_\_ Requirement 1

Enter Year Basic PTE or Advanced PTE Exam Passed: \_\_\_\_\_

### \_\_\_ Requirement 2

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

### \_\_\_ Requirement 3

Copy of Current Board Certification in Anesthesiology

### \_\_\_ Requirement 4

#### 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 specific training and/or experience in perioperative transesophageal echocardiography and the number of basic perioperative TEE examinations personally performed and interpreted 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 11)
- 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 12)

OR (see next column)

#### 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 basic intraoperative transesophageal studies performed and interpreted on surgical patients for each of the four (4) years preceding this application. (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 40 hours of AMA category 1 CME devoted to perioperative TEE. For meetings not devoted only to perioperative TEE, applicants must indicate on the copy of the certificate how many hours were devoted to echocardiography.

OR

#### Extended CME 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 basic intraoperative transesophageal echocardiograms performed and interpreted on surgical patients for each of the two (2) years preceding this application. (See Letter Documenting Training and/or Level of Service page 5 and for Sample Letter see page 13)

And

- A copy of the certificate or documentation from the ASA/SCA Basic Perioperative TEE Education Program documenting AMA category 1 CME with date of completion of the program.

**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**



# Application for Basic 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 8 and all required documentation.

See page 7 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 \_\_\_\_\_

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

Basic PTE Board Certification:

If you passed Basic PTEeXAM 2010-2014..... No additional Charge  
(Included in Exam Fee)

If you passed Advanced PTEeXAM 1998-2015 .....\$200 (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 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 questions on the next page.**

**FOR OFFICE USE ONLY:**

# Application for Basic PTE Board Certification (continued)

Please circle the appropriate letter below. Please answer only the questions applicable to you.

1. I have been using TEE in my practice for \_\_\_\_\_ years.  
A. 0-2 B. 3-5 C. 6-10 D. 11-15 E. 16-20 F. 20+
2. Type of Practice:  
A. Private  
B. HMO  
C. Full-time Academic  
D. Part-time Academic  
E. Fellow  
F. Other (specify) \_\_\_\_\_
3. Basic Perioperative Transesophageal Echocardiographic examinations currently performed and interpreted:  
A. None  
B. Less than 5 per week  
C. 5-10 per week  
D. 11-20 per week  
E. Over 20 per week

4. Anesthesiology Residency Training:  
A. Institution \_\_\_\_\_  
B. Date Training Completed (mm/dd/yy) \_\_\_\_\_
5. 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) \_\_\_\_\_
6.  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 5)

**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  
Fax: (919) 787-4916  
E-mail: [info@echoboards.org](mailto:info@echoboards.org)  
Web site: [www.echoboards.org](http://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 web site at [www.echoboards.org](http://www.echoboards.org) for future application deadlines.

# Sample Letter

## Specific Training in Basic Perioperative TEE (Requirement 4) (Supervised Training Pathway) 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)*

To Whom It May Concern:

#### REQUIREMENT 4

This letter confirms that Dr. \_\_\_\_\_ (*name*) successfully completed all aspects of training in basic perioperative TEE at our institution between \_\_\_\_\_ (*beginning date*) and \_\_\_\_\_ (*ending date*).

Our records indicate that \_\_\_\_\_ (*he/she*) had specific training in Basic Perioperative Transesophageal Echocardiography and personally performed and interpreted \_\_\_\_\_ (*#*) basic intraoperative TEE examinations under appropriate supervision. In addition, \_\_\_\_\_ (*he/she*) studied under appropriate supervision, but did not perform \_\_\_\_\_ (*#*) studies for a total of \_\_\_\_\_ (*#*) complete basic perioperative 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.

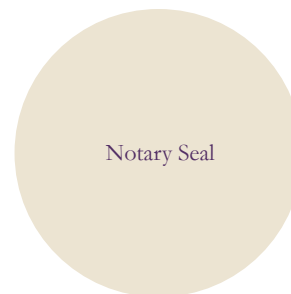
Sincerely,

*John Doe*

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

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

\_\_\_\_\_  
*Signature of Notary Public*



**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 Case Log

## Specific Training in Basic Perioperative TEE (Requirement 4) (Supervised Training Pathway)

Case Log must be submitted in this format.

### Examinations Studied but NOT performed

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<br>With whom findings discussed |
|-----------------------------|---------------|-----------|-------------------|--|
| 1                           |               |           |                   |  |
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|                             |               |           |                   |  |

# Sample Letter

## Specific Training in Basic Perioperative TEE (Requirement 4) (Practice Experience Pathway) 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 is to confirm that Dr.       (name)       is an anesthesiologist practicing in our hospital. Our records indicate that       (he/she)       performed and interpreted the number of basic perioperative transesophageal echocardiograms per year as follows:

| (2011) | (2012) | (2013) | (2014) |
|--------|--------|--------|--------|
| Year 1 | Year 2 | Year 3 | Year 4 |
| ####   | ####   | ####   | ####   |

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

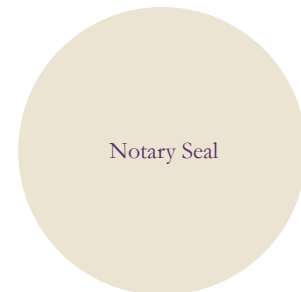
Sincerely,

*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.**

**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 the receipt of the complete application.**