



# **Application for Recertification**

## **Advanced Perioperative Transesophageal Echocardiography (ReAPTE®)**

### **Recertification Requirements and Application**

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

# Contents

## General Topics

Introduction.....	3
Eligibility .....	3

## Applying for Recertification

Applying for Recertification.....	4
Board Certification Requirements and Documentation.....	5
Recertification Instructions.....	6
Application for Board Recertification .....	7-8
Checklist for Recertification.....	9
Sample Letter (Requirements 4) .....	10

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 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.

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 Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM) but designed specifically for those who have previously passed the Advanced PTEeXAM. The purpose of the Recertification Examination is to allow practitioners to renew their board certification in perioperative transesophageal echocardiography and thereby promote continued excellence in the application of cardiac ultrasound in the perioperative setting.

## Eligibility

### Recertification

Diplomates who meet the criteria for recertification may apply at the time of application for the ReAPTE®. The application, checklist, and all documentation should be submitted with the application.

The Certification Committee will meet to review applications for recertification. Applicants will be notified in writing of the decision of the Committee. Review of applications for recertification will be contingent on successful completion of the ReAPTE®. Applicants will receive notification of the decision of the committee within the year.

### Testamur Status

Testamurs of the Advanced PTEeXAM will be able to take ReAPTE®. This is to encourage physicians to test and demonstrate their knowledge of 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 perioperative transesophageal 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 Advanced Perioperative Transesophageal Echocardiography must use the Application for Board Certification in Advanced Perioperative Transesophageal Echocardiography which may be found in the Advanced PTEeXAM Application Brochure.

# Applying for Recertification

## Who May Apply?

Diplomates who meet the criteria for recertification may apply at the time of application for the ReAPTE® examination. The application, checklist, and all required documentation should be submitted with the application.

The Certification Committee will meet to review applications for recertification. Applicants will be notified in writing of the decision of the Committee. Review of applications for recertification will be contingent on successful completion of the ReAPTE®. Applicants will receive notification of the decision of the committee within the year.

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

## The Purposes of Recertification

- establish the domain of the practice of perioperative transesophageal echocardiography for the purpose of board 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.

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 received on the date that all documentation has been received.

## Board Recertification 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.

## Maintenance of Testamur or Diplomate Status

- Testamurs and Diplomates of the NBE are required to take the ReAPTE® examination in either their 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 ReAPTE® examination 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; however, when they do apply for recertification they will have to pay a \$200.00 reinstatement fee along with the recertification requirements. 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 ReAPTE® examination in the compulsory timeframe, the individual must pass the ReAPTE and pay a \$200.00 reinstatement fee at the time of application. Additionally, Diplomates that do not take the ReAPTE® in the required 3-year period must meet the initial certification requirements and the CME requirements for recertification along with the \$200.00 reinstatement fee.

## 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. A sample letter is available on page 10 and on our web site: [www.echoboards.org](http://www.echoboards.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 Recertification

Since board recertification is dependent on passing the RePTE®, applications for board 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 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, so if the Recertification examination is passed in 2005 and the current certification or testamur status is valid until June 30, 2015, it will be extended until June 30, 2025.

## Non-North American Trained Physicians

### 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 is received.

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

# Board Recertification Requirements

RECERTIFICATION REQUIREMENTS	REQUIRED DOCUMENTATION
<p><b>Requirement 1. Pass the ReAPTE®.</b></p> <p>Applicants must pass the RePTE®.</p>	
<p><b>Requirement 2. Diplomate of the NBE in PTE.</b></p> <p>Applicants must be currently Board Certified by the NBE in Perioperative Transesophageal Echocardiography.</p>	
<p><b>Requirement 3. Current License to Practice Medicine.</b></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><b>Requirement 3.</b></p> <p>A copy of current medical license renewal certificate that shows the expiration date.</p>
<p><b>Requirement 4. Continued Maintenance of Skills in Echocardiography.</b></p> <p>Applicants must have performed and interpreted at least 50 perioperative transesophageal echocardiograms per year in two (2) of the three (3) years immediately preceding this application.</p>	<p><b>Requirement 4.</b></p> <p>A notarized letter typed on appropriate letterhead verifying the number of perioperative transesophageal studies 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 4 and See Sample Letter page 10)</p>
<p><b>Requirement 5. Continuing Medical Education Specific to Echocardiography</b></p> <p>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.</p>	<p><b>Requirement 5.</b></p> <p>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 entirely devoted to echocardiography, applicants must indicate on the copy of the certificate how many hours were devoted to echocardiography.</p>

# Recertification Instructions

## To Apply for Conversion from Testamur to Certified Status

1. Complete application on pages 7 and 8.
2. Sign the application on page 7. Unsigned applications will not be processed.
3. Complete the checklist on page 9.
4. Include all the required documentation for recertification.
5. 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.<sup>®</sup> or NBE.
6. Submit application and required documentation to NBE.

For those physicians who are applying for their INITIAL certification, please refer to the Advanced PTEeXAM application for certification requirements (pages 6-7).

# Application for Board Recertification

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 9 and all required documentation. See page 6 for recertification 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\* (Outside US and Canada) \_\_\_\_\_ Telephone City Code\* (Outside US and Canada) \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail (required) \_\_\_\_\_

## 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 Advanced PTEeXAM Conversion Application to verify.
- I am applying to **reinstate** my certification status **\$200.00 (US Funds)**

\*\*Please refer to page 4 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 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.**

# Application for Board ReCertification (continued)

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

- 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
- I passed the Recertification Examination of Special Competency in Perioperative Echocardiography (RePTE®) in \_\_\_\_\_(Year).

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

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

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

**FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE PROCESSED.**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE CERTIFICATION COMMITTEE.**

**To contact our office:**

Phone: (919)861-5582  
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 website at [www.echoboards.org](http://www.echoboards.org) for future application deadlines.

# Checklist

National Board of Echocardiography, Inc.®

## Recertification for Advanced Perioperative Transesophageal Echocardiography

(Complete application on pages 7-8 and submit with documentation.)

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 ReAPTE®.

Enter year passed \_\_\_\_\_  
(If taking RePTE® exam in 2015 enter 2015.)

### \_\_\_ Requirement 2. Diplomate of the NBE in PTE.

Board Certification in Perioperative Transesophageal Echocardiography

Indicate year Advanced PTEeXAM was passed:

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

### \_\_\_ 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.

Notarized Letter documenting the number of perioperative transesophageal echocardiograms performed and interpreted per year for each of the preceding two (2) or three (3) years as appropriate.

### \_\_\_ 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 entirely devoted 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

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*

To Whom It May Concern:

This letter confirms that Dr. \_\_\_\_\_ is a physician practicing in our hospital.

Our records indicate that \_\_\_\_\_ performed and interpreted the number of perioperative transesophageal echocardiograms per year as follows:

(name)  

(2012)	(2013)	(2014)
Year 1	Year 2	Year (name)
####	####	####

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

Sincerely,

*John Doe*

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

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.**

**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 12 months prior to the receipt of the complete application.**