



# **Application for Certification in Critical Care Echocardiography (CCEeXAM)**

**Certification Requirements and  
Online Certification Instructions**

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# Introduction

## National Board of Echocardiography, Inc.®

The National Board of Echocardiography, Inc.® (NBE) was formed in December 1996. The NBE is a not-for-profit corporation initially established to develop the ASCeXAM, and subsequently has responded to the following additional needs:

- develop and administer an examination in the field of Critical Care Echocardiography,
- recognize those physicians who successfully complete the Examination of Special Competence in Critical Care Echocardiography (CCEeXAM), and
- develop a board certification process that will publicly recognize Diplomates of the National Board of Echocardiography, Inc.®. Those physicians who have completed training programs or significant practice experience in critical care echocardiog-

raphy, as specified in this application and have additionally passed the CCEeXAM (see page 6).

The examination and board certification in critical care 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 critical care echocardiography.

The first examination in Critical Care Echocardiography was a collaborative effort between the National Board of Echocardiography, Inc.® and nine other societies. The first administration of the CCEeXAM was in January 2019. Physicians who successfully passed the exam were granted as having successfully completed the CCEeXAM with a status of Testamur.

## 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 critical care 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 an examination in critical care echocardiography. Those who successfully pass the examination will be granted Testamur status as having successfully completed the Examination of Special Competence in Critical Care Echocardiography of the National Board of Echocardiography, Inc.®

### Certification

Licensed physicians who meet the criteria for certification may apply for certification at any time. All required documentation needs to be uploaded to the NBE “My Documents Uploader,” but is not required to register for the Critical Care Echocardiography examination (CCEeXAM).

The Certification Committee meets twice a year 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 Critical Care Echocardiography examination (CCEeXAM) (see page 6). Applicants will receive notification of the decision of the Committee within the year.

### Important Requirement Deadlines

#### Requirement 4

**Supervised Training:** For applicants completing critical care training after December 31, 2022, fellowship training in critical care must be obtained at an ACGME accredited training program or other nationally accredited critical care training program or associated program. [e.g. Adult Critical Care and/or Adult ICU fellowships (neurology, pulmonology, anesthesiology, surgery, emergency medicine)].

# Apply 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 will not be accepted for purposes of eligibility for certification.) 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 CCEeXAM (see page 6).

## The Purposes of Critical Care Echocardiography Certification

- establish the domain of the practice of critical care echocardiography for the purpose of certification,
- assess the level of knowledge demonstrated by a licensed physician practitioner of critical care echocardiography in a valid manner,
- enhance the quality and individual professional growth in critical care 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 critical care 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 critical care 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 for the **Supervised Training** pathway should be obtained from the Fellowship Director; Program Director; or Chair of Critical Care program. This letter(s) 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. Committee decisions will be determined using the numbers provided in this letter. Sample letters in the required format are on pages 10, 11, 14, 15, & 16, the sample logs are on pages 12, 13, 17, & 18 and on our web site: [www.echoboards.org](http://www.echoboards.org).

## Requirement 4 & 5: Practice Experience Pathway (Specific Training/Experience in Critical Care Medicine)

Letter(s) documenting level of service must be on appropriate letterhead, notarized, and should be written by the Director of Intensive Care Unit, Chief of Service of the Division or Department of Critical Care, or the Chair of the Department that staffs the intensive unit. Letter(s) signed by the applicant will not be accepted by the Certification Committee.

These examinations must have been personally performed and interpreted by the applicant, a subset of the cases will be reviewed by the supervisor, typed in chronological order, and with grid lines within the required log format acceptable to the NBE, which is signed by the applicant. The supervisor signing off on the log must 1) have held NBE certification status in echocardiography (ASCeXAM, CCEeXAM, or APTEeXAM), or 2) be an individual who has achieved ASCeXAM/ReASC/CCEeXAM testamur status within the last ten years and who is also a recognized expert in the field of critical care echocardiography. The letter(s) 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. Committee decisions will be determined using the numbers provided in this letter.

**Note: The numbers provided must be in consecutive years but need not be calendar years. If using a fiscal year, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. 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.**

**Applicants documenting their echocardiography experience through the Practice Experience Pathway need not document critical care hours (Requirement 4) if they have completed a Critical Care Medicine fellowship.**

## Review of Documentation for Board Certification

Since certification is dependent on passing the CCEeXAM (see page 6), 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 commence in the year that the Examination of Special Competence in Critical Care Echocardiography (See page 6) was passed and will be valid for ten (10) years from that date; e.g. if the exam was passed in 2024 board certification will be valid until December 31, 2034.

*(continued on next page)*

# Apply for Certification (continued)

## 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 Medical Board Certification:** Documentation of current highest board certification certificate attained. (e.g., Critical Care, Anesthesiology, Cardiovascular Disease, Internal Medicine, etc.)

## Definition of a Complete Critical Care Transthoracic Echocardiogram

A critical care transthoracic echocardiogram is performed by the clinical provider at the point-of-care in the management of a critically ill patient. For certification, the critical care transthoracic echocardiogram must include all obtainable elements of the transthoracic echocardiography examination.

**NOTE: Serial exams performed on the same patient will be considered for certification if they are repeated in response to a change in the clinical presentation to assess the effect of an intervention and are complete and comprehensive: repeat examinations are limited to 1 per patient. The log of cases performed and interpreted must be signed off by the fellowship director and submitted.**

## Important Updates

### Transthoracic Echo (TTE) Log:

The certification committee emphasizes that a complete TTE critical care echocardiography (CCE) study must be performed by the clinician on a patient who is critically ill at the time of the examination. Basic and/or suboptimal echocardiographic studies without quantitative data should not be included in the CCE log.

Entries in the log for the "Critical Care Indications" must demonstrate that the patient was critically ill at the time of the examination: examples include "acute hypoxemic respiratory failure" or "shock". Indications that do not indicate critical illness, such as "routine, pre- or post-operative" are not acceptable.

Particular attention should be given to the "Echo Findings" column to ensure clarity to the certification committee that the study was a CCE exam. Report quantitative findings such as Doppler measurements (e.g., LVOT VTI, MV inflow, annular TDI, RVSP), linear measurements of structures and chambers (e.g., IVC, atria, and ventricle), M-mode measurements (e.g., TAPSE, EPSS, MAPSE), ejection fraction for left ventricular function, and use of color Doppler relevant to the indication and in support of the diagnosis. Avoid using subjective terms when quantitative measurements are appropriate. For example, report "the LV EF is 60%" instead of "Normal LV EF". When documenting your findings please use appropriate medical terminology. Avoid terms such as "kissing ventricles" or "good squeeze".

The log requires a stated "Clinical Diagnosis" for each study. The "Echo Findings" alone are not sufficient as a "Clinical Diagnosis". Examples of acceptable diagnoses for log purposes include the category of shock (e.g., obstructive, hypovolemic, cardiogenic, distributive), specific anatomic diagnoses (e.g., vegetation, tumor, or thrombus), or specific diagnosis for the cause of respiratory failure (e.g., cardiogenic pulmonary edema). Extra-cardiac diagnoses are also acceptable such as "ARDS" or "hemoperitoneum", if the supporting evidence is reported in the finding's column.

Please find attached an example of log entries that include sufficient quantitative information to satisfy committee requirements for an acceptable TTE log report. (Pages 12 & 17)

### Critical Care Transesophageal Echo (TEE) Certification\* and Log:

**The NBE is now offering certification in Critical Care Transesophageal echocardiography. (See Page 7)**

The certification committee requires that a log be submitted describing the performance of 50 TEE's. This document should include the "Indication", pertinent "Echo Findings", and the "Clinical Diagnosis".

Please find attached an example of log entries that include sufficient information to satisfy committee requirements for an acceptable TEE log report. (Pages 13 & 18)

\*NOTE: Critical Care Transesophageal Echo (TEE) certification is not a stand alone certification. It is an **add-on** certification to the established CCEXAM TTE certification.

# CCE Certification Requirements

*\*Applicant's must meet all outlined requirements.\**

CERTIFICATION REQUIREMENTS	REQUIRED DOCUMENTATION
<p><b>Requirement 1. Successful completion of the Examination of Special Competence in CCEeXAM.</b></p> <p>Applicants must have taken and passed the CCEeXAM .</p>	<p><b>Requirement 1.</b></p> <p>Applicants must have taken and passed the CCEeXAM.</p>
<p><b>Requirement 2. 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 will not be accepted for purposes of eligibility for certification.)</p>	<p><b>Requirement 2.</b></p> <p>Copy of current medical license or renewal certificate that shows an expiration date.</p> <p>Or</p> <p>Copy of equivalent documentation of permission to practice medicine in the country of principal residence. (Non-North American physicians: see page 5).</p>
<p><b>Requirement 3. Current Medical Board Certification.</b></p> <p>Applicants must be board certified by a board that holds membership in the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, the American Association of Physician Specialists, Royal College of Physicians and Surgeons of Canada, or an International equivalent board certificate.</p>	<p><b>Requirement 3.</b></p> <p>A copy of current highest board certification certificate attained, e.g., Critical Care, Anesthesiology, Cardiovascular Disease, Internal Medicine, etc. (Non-North American physicians: see page 5).</p>
<p><b>Requirement 4. Specific Training/Experience in Critical Care Medicine.</b></p> <p><b>Supervised Training Pathway:</b> Applicants must have successfully completed a minimum of one year in a specialized clinical training program dedicated to the study of Adult critical care before applying for certification. The training in critical care must be at fellowship level. Cardiovascular rotations during general internal medicine, surgery, radiology, anesthesiology, or other general residencies cannot be counted towards this requirement. For applicants completing critical care training after December 31, 2022, fellowship training in critical care must be obtained at an ACGME accredited training program or other nationally accredited critical care training program or associated program. [e.g. Adult Critical Care and/or Adult ICU fellowships (neurology, pulmonology, anesthesiology, surgery, emergency medicine)]</p> <p>OR</p> <p><b>Practice Experience Pathway:</b> Require a minimum of 750 hours of clinical experience dedicated to critical care medicine delivered to patients over the past three years prior to application. The applicant would obtain a notarized letter from the hospital administrator verifying these hours.</p> <p><b>NOTE: The practice experience pathway will sunset for those completing their core residency after 12/31/2031.</b></p>	<p><b>Requirement 4.</b></p> <p><b>Supervised Training Pathway:</b> (One of the following :)</p> <ul style="list-style-type: none"><li>• A notarized letter typed on appropriate letterhead from the Fellowship Director, Program Director, or Chair of Critical Care program. (see page 10 &amp; 11)</li><li>• A copy of a certificate of successful completion of specialized clinical training program dedicated to the study of adult critical care.</li></ul> <p>OR</p> <p><b>Practice Experience Pathway:</b> The candidate must provide documentation of their critical care practice activity as outlined below: Documentation of billing activity using the 99291, 99292 CPT code (US physicians only), or the equivalent time dedicated to the evaluation and management of critically ill patients. A notarized letter on appropriate letterhead from the Director of the Intensive Care Unit, Chief of Service of the Division or Department of Critical Care, or the Chair of the Department that staffs the intensive care unit. (See letters documenting Training and/or Level of Service: page 4 and Sample letter page 14).</p> <p>(Non-North American physicians: see page 5).</p>

*(continued on next page)*

# CCE Certification Requirements (continued)

## CERTIFICATION REQUIREMENTS

### Requirement 5. Specific Training in Critical Care Echocardiography

#### Supervised Training Pathway:

##### Transthoracic Examinations

The completion of a minimum of 150 medically necessary\* critical care transthoracic echocardiogram examinations performed and interpreted are required for certification. Limited or “goal-directed” examinations, although frequently performed in clinical settings, do not qualify as complete examinations for certification (See page 5: Definition of a complete critical care echo). Examinations performed and interpreted during cardiovascular rotations during general internal medicine, surgery, radiology, anesthesiology, or other general residencies cannot be counted towards this requirement.

and

##### Transesophageal Examinations (Optional Add-on)

The completion of a minimum of 50 medically necessary\* transesophageal echocardiogram examinations performed and interpreted are required for certification. Examinations performed and interpreted during residency training cannot be counted towards this requirement.

OR

#### Practice Experience Pathway:

##### Transthoracic Examinations

A minimum of 150 complete medically necessary\* critical care transthoracic echocardiogram examinations (See page 5: Definition of a complete critical care echo) performed and interpreted during the 3 years prior to application.

and

##### Transesophageal Examinations (Optional add-on)

A minimum of 50 complete medically necessary\* transesophageal echocardiogram examinations performed and interpreted during the 3 years prior to application.

These examinations must have been personally performed and interpreted by the applicant, a subset of the cases will be reviewed by the supervisor, typed in chronological order, with grid lines, and with grid lines within the required log format acceptable to the NBE, which is signed by the applicant. The supervisor signing off on the log must 1) have held NBE certification status in echocardiography (ASCeXAM, CCEeXAM, or APTEeXAM), or 2) be an individual who has achieved ASCeXAM/ReASC/CCEeXAM testamur status within the last ten years and who is also a recognized expert in the field of critical care echocardiography.

AND

Physicians seeking certification by this pathway must have at least 20 hours of AMA category 1 continuing medical education devoted to echocardiography obtained during the three (3) years prior to application.

\*Examinations performed purely for educational or research purposes without medical necessity are not accepted and should not be listed in the log.

\*\*Note: Do not include any patient information on the log. Logs received with patient information will be returned to the applicant.

## REQUIRED DOCUMENTATION

### Requirement 5.

#### **Supervised Training Pathway:**

A notarized letter typed on appropriate letterhead from the Fellowship Director, Program Director, Emergency Medicine Ultrasound Fellowship Director, or Chair of Critical Care program and with the signed log of cases performed and interpreted. These transthoracic and transesophageal echocardiogram examinations must be medically necessary\* performed and interpreted under supervision by a qualified supervisor. The applicant must document all entries by being typed in chronological order and with grid lines within the required log format acceptable to the NBE. The date these cases were reviewed (need to submit MM/DD/YYYY), indications, findings, diagnosis, and with the name of the supervising faculty/staff with whom the findings were discussed.

Letter(s) Documenting Training can be found on page 10 & 11 & Sample log on page 12 & 13\*\*.

OR

#### **Practice Experience Pathway:**

Applicant must submit a notarized letter signed by the supervisor on appropriate letterhead documenting a minimum of 150 complete medically necessary\* critical care transthoracic and 50 transesophageal echo examinations performed and interpreted during the three (3) years prior to application. See sample letter page 15 & 16.

AND

A log of the cases performed and interpreted will be signed by the applicant, a subset of the cases will be reviewed by the supervisor, typed in chronological order, and with grid lines within the required format by the NBE. The log format must contain the following: date that these cases were performed and interpreted (need to submit MM/DD/YYYY), indications, findings, diagnosis, and the name of the attending. See page 17 & 18 for sample log\*\*.

AND

Copy of certificate(s) or documentation from the institution providing CME credits documenting 20 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.

(Non-North American physicians: see page 5).

\*Examinations performed purely for educational or research purposes without medical necessity are not accepted and should not be listed in the log.

\*\*Note: Do not include any patient information on the log. Logs received with patient information will be returned to the applicant.

# CCE Certification Requirements (continued)

## CERTIFICATION REQUIREMENTS

### I. Additional Certification in Transesophageal Echocardiography

#### Requirement 1.

Applicants must be currently certified by the NBE in Critical Care Echocardiography to further add Transesophageal certification.

#### Requirement 2.

Applicant must show continued maintenance of skill in transesophageal echocardiography according to the following:

Performance and interpretation of at least 50\* transesophageal echocardiograms within the preceding three years.

Documentation of a minimum of 50\* transesophageal echocardiograms in log format.

\*Examinations performed during residency or research purposes without medical necessity are not accepted and should not be listed in the log.

## REQUIRED DOCUMENTATION

### Supervised Training

An original notarized letter typed on appropriate letterhead from the Fellowship Director, Program Director, Emergency Medicine Ultrasound Fellowship Director, or Chair of Critical Care program, verifying the number of transesophageal echocardiograms performed and interpreted under supervision within an ACGME accredited fellowship. (See Letters Documenting Training and /or Level of Service: page 4).

And

Log documentation of the transesophageal cases performed and interpreted under supervision while in fellowship training.

### Practice Experience

An original notarized letter typed on appropriate letterhead from the mentor verifying a minimum of 50 transesophageal echocardiograms performed and interpreted within the preceding three years preceding the application. (See Letters Documenting Training and /or Level of Service: page 4).

And

Log documentation of the transesophageal cases performed and interpreted.



# Online Certification Instructions

## Instructions to Create a New Application:

Please log in to your account, using your **eight(8) digit NBE ID number** including leading zeroes. If you are unable to recall your account information, please **do not** create a new account and reach out to us via [info@echoboards.org](mailto:info@echoboards.org) for your account log in and password. If there have been any additional changes to your account, such as email address please also clarify these additional changes. Once you can log in to your account, you will need to:

1. Select “Certification application” from the top right of the screen within your dashboard.
2. A box will drop down that lists all certification application types.
3. Please select the appropriate certification where you will need to upload your documents.
4. Upon selecting your certification application type, you will click blue button to create a “Create a New Application”.
5. You will need to answer a few demographic questions and upload the required documents in PDF format.
6. Once you have uploaded all documents. You will attest that all uploaded documents are true and accurate, and then select the blue submit button on the “Application Summary” tab. Upon submission of your application to the NBE, you will receive an email stating that we have received your documents and that they will be reviewed in the order in which they have been received.
7. From the time in which we receive your documents to the time in which we will review them, this can take about **two weeks to a month**.
8. Upon the completion of reviewing your application you will receive one of two notifications:
  - a. A notification asking for more information/documentation and notes that outline what is needed. These notes will be found within your application on your account dashboard.
  - b. A notification that indicates your application has been moved into stage two review or into the upcoming review by the certification committee.
9. Once the certification committee has completed their review, then additional communication will be made via email indicating the status of your application and will also be reflected on your account dashboard, and NBE Physicians verification (Only for approved applicants. All other will not be reflected on the verification website).
10. If your application is approved, you will find a printable certificate available to you on your account dashboard. Since we have gone paperless, we will not be printing the certificate for you. If you wish to have a hardcopy of your certificate you can print it yourself or take the PDF version of the certificate to a location that can print it for you (FedEx, Staples, etc.)



# Sample Letter

## Critical Care Echocardiography Certification for Physicians who completed one year of clinical fellowship dedicated to Critical Care Transthoracic (TTE) Echocardiography (Requirements 4 and 5)

### ABC Hospital

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

*Date letter was written (MM/DD/YYYY)*

National Board of Echocardiography, Inc.®  
3915 Beryl Rd., Suite 130  
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*

*Applicant's Date of Birth*  
*ACGME Program Number*

To Whom It May Concern:

#### REQUIREMENT 4

This letter confirms that Dr.     (Applicant's Name)     successfully completed a minimum of one year of specialized clinical training dedicated to the study of Adult Critical Care at our institution between     (MM/DD/YYYY)     and     (MM/DD/YYYY)    . This letter further confirms that this program is an accredited ACGME training program or other nationally accredited critical care echocardiography training program.

#### REQUIREMENT 5

Our records indicate that Dr.     (Applicant's Name)     had specific training in Critical Care Echocardiography and personally performed and interpreted     (# of cases)     complete critical care transthoracic echocardiograms under appropriate supervision.

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

Sincerely,

*(Original signature required)*

*Typed Name*

*Title (Fellowship Director, Program Director, or Chair of Critical Care program.)*

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. Committee decisions will be determined using the numbers provided in this letter. If using a fiscal year, exact dates are required. For example, MM/DD/YYYY - MM/DD/ YYYY. Letters MUST be typed on appropriate letterhead and MUST be notarized.**

# Sample Letter

## Critical Care Echocardiography Certification for Physicians who completed one year of clinical fellowship dedicated to Transesophageal (TEE) Echocardiography (Requirements 4 and 5)

### ABC Hospital

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

*Date letter was written (MM/DD/YYYY)*

National Board of Echocardiography, Inc.®  
3915 Beryl Rd., Suite 130  
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*

*Applicant's Date of Birth*  
*ACGME Program Number*

To Whom It May Concern:

#### REQUIREMENT 4

This letter confirms that Dr. \_\_ (Applicant's Name) \_\_ successfully completed a minimum of one year of specialized clinical training dedicated to the study of Adult Critical Care at our institution between \_\_ (MM/DD/YYYY) \_\_ and \_\_ (MM/DD/YYYY) \_\_. This letter further confirms that this program is an accredited ACGME training program or other nationally accredited critical care echocardiography training program.

#### REQUIREMENT 5

Our records indicate that Dr. \_\_ (Applicant's Name) \_\_ had specific training in Critical Care Echocardiography and personally performed and interpreted \_\_ (# of cases) \_\_ transesophageal echocardiograms under appropriate supervision.

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

Sincerely,

*(Original signature required)*

*Typed Name*

*Title (Fellowship Director, Program Director, Emergency Medicine Ultrasound Fellowship Director, or Chair of Critical Care program.)*

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. Committee decisions will be determined using the numbers provided in this letter. If using a fiscal year, exact dates are required. For example, MM/DD/YYYY - MM/DD/ YYYY. Letters MUST be typed on appropriate letterhead and MUST be notarized.**

# Sample Case Log

## Requirement 5: Supervised Training Pathway

### Transthoracic Echocardiogram Examinations

(Examinations Performed and Interpreted)

Applicant's Full Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

#### ATTESTATION:

I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fellowship Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note: Under the Supervised Training pathway the attending should be listed as the physician with whom the findings were discussed.**

Number	Date Performed	Critical Care Indications	Echo Findings	Clinical Diagnosis	Attending
Example	MM/DD/YYYY	Hypotension	Severely reduced LV function with LVEF=20%, Normal RV function with TAPSE of 2.6 cm, LVOT VTI 12.1CM, E 123 cm/sec, A 50 cm/sec, lat e' 4 cm/sec, hypokinetic anteroseptal wall	Cardiogenic Shock	Dr. Smith
Example	MM/DD/YYYY	Shock	Normal LV function with LVEF=65%, LVOT VTI 24 cm, E 68 cm/sec, A 82 cm/sec, lat e' 12 cm/sec, TAPSE 2.8 cm, RV s' 14 cm/sec	Distributive shock	Dr. Phillips
Example	MM/DD/YYYY	Respiratory Failure	LV function moderately reduced with LVEF=40%, LVOT VTI 15 cm, CO 4.2 L/min, E 2.1 cm/sec, RV/LV size ratio 0.5, TAPSE 2.2 mm, lateral e', E/e' 33	Cardiogenic pulmonary edema	Dr. Smith
1					
2					
3					
(continue numbering)					

# Sample Case Log

## Requirement 5: Supervised Training Pathway

### Transesophageal Echocardiogram Examinations

(Examinations Performed and Interpreted)

Applicant's Full Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

#### ATTESTATION:

I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transesophageal echocardiograms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fellowship Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note: Under the Supervised Training pathway the attending should be listed as the physician with whom the findings were discussed.**

Number	Date Performed	Indications	Echo Findings	Clinical Diagnosis	Attending
Example	MM/DD/YYYY	Hypotension	Mitral Valve Vegetation	Cardiogenic Shock	Dr. Smith
Example	MM/DD/YYYY	Stroke	Left Atrial Thrombus	MCA CVA	Dr. Phillips
Example	MM/DD/YYYY	Respiratory Failure	Decreased Ejection Fraction	Cardiogenic Pulmonary Edema	Dr. Smith
1					
2					
3					
(continue numbering)					

# Sample Letter

## Critical Care Echocardiography Certification Practice Experience Pathway (Requirement 4)

### ABC Hospital

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

Date letter was written (MM/DD/YYYY)

National Board of Echocardiography, Inc.®  
3915 Beryl Rd., Suite 130  
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*  
*Applicant's Date of Birth*

To Whom It May Concern:

#### REQUIREMENT 4

This letter serves to confirm that Dr.   (Applicant's Name)   is a physician practicing in our hospital. Our records indicate that   (he/she)   has   (#)   hours of clinical experience dedicated to critical care medicine delivered to patients between   (MM/DD/YYYY)   and   (MM/DD/YYYY)  . The above clinical experience hours were collected using CPT code of 99291, 99292, or the equivalent time dedicated to the evaluation and management of critically ill patients. In cases where CPT codes are not available, I have used a rigorous quantitative method to confirm these hours.

Sincerely,

*(Original signature required)*  
*Typed Name*

*Title (Director of the Intensive Care Unit, Chief of Service of the Division or Department of Critical Care, or the Chair of the Department that staffs the intensive care unit, etc.)*

Sworn and subscribed to before me on (date):

\_\_\_\_\_

Signature of Notary Public:

\_\_\_\_\_



Notary Seal

**NOTE: The number of hours MUST be provided. Letters documenting training MUST be 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. When documenting in a calendar or fiscal year, number of hours are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter.**

# Sample Letter

## Critical Care Echocardiography Certification Practice Experience Pathway (Requirement 5 - TTE)

### Supervisor's Name

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

*Date letter was written (MM/DD/YYYY)*

National Board of Echocardiography, Inc.®  
3915 Beryl Rd., Suite 130  
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*  
*Applicant's Date of Birth*

To Whom It May Concern:

#### REQUIREMENT 5

The records presented to me by Dr.  (Applicant's name)  reflect that  (he/she)  has personally performed and interpreted  (# of cases)  complete critical care transthoracic echocardiograms, between  (MM/DD/YYYY)  and  (MM/DD/YYYY) .

I have discussed with Dr.  (Applicant's name)  his/her experiences regarding these cases and I have directly reviewed a subset of his/her cases recorded within his/her log.

I am familiar with the criteria proposed by the NBE as outlined in the definition of a critical care transthoracic echocardiogram. In my opinion Dr.  (Applicant's Name)  has the clinical competence and professional qualities necessary to perform as a critical care echocardiographer.

The applicant has certified the number of studies provided above are exact numbers and are not rounded and/or estimates.

Sincerely,

*(Original signature required)*

*Typed Name*

*(Diplomate of the ASCeXAM, CCEeXAM, APTEeXAM*

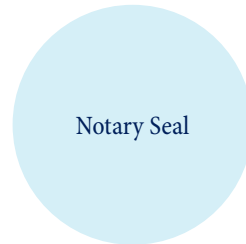
*OR*

*Testamur of the ASCeXAM within the last ten years & who is also a recognized expert in the field of critical care echocardiography.)*

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

Signature of Notary Public: \_\_\_\_\_

**NOTE: The EXACT number of studies performed & interpreted MUST be provided. Letters documenting training MUST be on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. If documenting fiscal years, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter. See page 5 for definition of a complete critical care transthoracic echocardiogram.**



# Sample Letter

## Critical Care Echocardiography Certification Practice Experience Pathway (Requirement 5 - TEE)

### Supervisor's Name

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

*Date letter was written (MM/DD/YYYY)*

National Board of Echocardiography, Inc.®  
3915 Beryl Rd., Suite 130  
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*  
*Applicant's Date of Birth*

To Whom It May Concern:

#### REQUIREMENT 5

The records presented to me by Dr.     (Applicant's name)     reflect that     (he/she)     has personally performed and interpreted     (# of cases)     transesophageal echocardiograms, between     (MM/DD/YYYY)     and     (MM/DD/YYYY)    . I have discussed with Dr.     (Applicant's name)     his/her experiences regarding these cases and I have directly reviewed a subset of his/her cases recorded within his/her log.

In my opinion Dr.     (Applicant's Name)     has the clinical competence and professional qualities necessary to perform as a critical care echocardiographer. The applicant has certified the number of studies provided above are exact numbers and are not rounded and/or estimates.

I Dr.     (Mentor's Name)     has served as the mentor to Dr.     (Applicant's name)    . I am certified and/or credentialed to perform TEE's at my institution.

Sincerely,

*(Original signature required)*

*Typed Name*

*(Diplomate of the ASCeXAM, CCEeXAM, APTEeXAM*

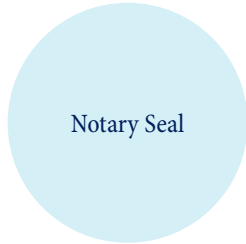
*OR*

*Testamur of the ASCeXAM within the last ten years & who is also a recognized expert in the field of critical care echocardiography.)*

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

Signature of Notary Public: \_\_\_\_\_

**NOTE: The EXACT number of studies performed & interpreted MUST be provided. Letters documenting training MUST be on appropriate letterhead and MUST be notarized. The numbers provided must be in parallel, concurrent years but need not be calendar years. If documenting fiscal years, exact dates are required. For example, MM/DD/YYYY - MM/DD/YYYY. Committee decisions will be determined using the numbers provided in this letter.**





# Sample Case Log

## Requirement 5: Practice Experience Pathway

### Transthoracic Echocardiograms Examinations

(Examinations Performed and Interpreted)

Applicant's Full Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

#### ATTESTATION:

I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number	Date Performed	Critical Care Indications	Echo Findings	Clinical Diagnosis
Example	MM/DD/YYYY	Hypotension	Severely reduced LV function with LVEF=20%, Normal RV function with TAPSE of 2.6 cm, LVOT VTI 12.1CM, E 123 cm/sec, A 50 cm/sec, lat e' 4 cm/sec, hypokinetic anteroseptal wall	Cardiogenic Shock
Example	MM/DD/YYYY	Shock	Normal LV function with LVEF = 65%, LVOT VTI 24 cm, E 68 cm/sec, A 82 cm/sec, lat e' 12 cm/sec, TAPSE 2.8 cm, RV s' 14 cm/sec	Distributive shock
Example	MM/DD/YYYY	Respiratory Failure	LV function moderately reduced with LVEF = 40%, LVOT VTI 15 cm, CO 4.2L/min, E 2.1 cm/sec, RV/LV size ratio 0.5, TAPSE 2.2 mm, lateral e', E/e' 33	Cardiogenic pulmonary edema
1				
2				
3				
(continue numbering)				

# Sample Case Log

## Requirement 5: Practice Experience Pathway

### Transesophageal Echocardiograms Examinations

(Examinations Performed and Interpreted)

Applicant's Full Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

**ATTESTATION:**

I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transesophageal echocardiograms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number	Date Performed	Indications	Echo Findings	Clinical Diagnosis
Example	MM/DD/YYYY	Hypotension	Mitral Valve Vegetation	Cardiogenic Shock
Example	MM/DD/YYYY	Stroke	Left Atrial Thrombus	MCA CVA
Example	MM/DD/YYYY	Respiratory Failure	Decreased Ejection Fraction	Cardiogenic Pulmonary Edema
1				
2				
3				
(continue numbering)				