Pediatric Echocardiography (PE) Clinical Verification (CV) Form

Applicant's Name: _____ ARDMS/APCA Number:_____

You must use the correct form for each applied for specialty examination. Please upload this form to your MY ARDMS/MY APCA account at the time of application for the Pediatric Echocardiography (PE) Specialty examination.

Notice to our physician applicants: This exam is overseen by APCA's companion council, ARDMS.

To be eligible to sit for the PE specialty examination, the applicant must be able to demonstrate the following minimum core clinical skills necessary to establish eligibility for ARDMS examinations. Demonstration of minimum core clinical skills means that the sponsor directly observed the applicant perform the minimum core clinical skills independently and effectively. For purposes of satisfying this requirement applicants must be evaluated while scanning actual patients. Simulation is not acceptable for this assessment. Applicants are responsible for meeting the requirements at the time of application.

Clinical Verification	Sponsoring Sonographer/Reporting Physician Initials (Handwritten Initials for Each Section)
1. Interact appropriately with the patient, physicians, and staff.	
2. Identify the pertinent clinical questions and the goal of the examination.	
3. Recognize significant clinical information and historical facts from the patient and the medical records, which may impact the diagnostic examination.	
4. Review data from current and previous examinations to produce a written/oral summary of technical findings, including relevant interval changes, for the reporting physician's reference.	
5. Select the correct transducer type and frequency for examination(s) being performed.	
6. Adjust instrument controls including examination presets, scale size, focal zone(s), overall gain, time gain compensation, and frame rate to optimize image quality.	
7. Demonstrate knowledge and understanding of Doppler ultrasound principles, spectral analysis, and color flow imaging relevant to and in the PE specialty.	
8. Demonstrate knowledge and understanding of anatomy, physiology, pathology, and pathophysiology relevant to and in the PE specialty.	
9. Demonstrate the ability to perform sonographic examinations of the appropriate organs and areas of interest according to professional and employing institution protocols relevant to and in the PE specialty.	
10. Recognize, identify, and document the abnormal sonographic patterns of disease processes, pathology, and pathophysiology of the organs and areas of interest. Modify the scanning protocol based on the sonographic findings and the differential diagnosis relevant to and in the PE specialty.	
11. Perform related measurements from sonographic images or data.	
12. Utilize appropriate examination recording devices to obtain pertinent documentation of examination findings.	

Note: This form is valid for **one year** from the signature date of the Sponsoring Sonographer or Reporting Physician. The Sponsoring Sonographer must be an Active status RDCS (PE) Registrant. The Reporting Physician must be a medical doctor specifically trained to interpret Pediatric Echocardiography ultrasound studies. The sponsor must have directly observed the applicant demonstrate the minimum core clinical skills listed on this form. CV forms cannot be signed by a relative of the applicant. This form must contain handwritten initials and signatures; initials must be included for each numbered skill, above. ARDMS conducts random audits of some applications for examination. Applicants who are audited will be required to submit additional documentation to substantiate eligibility.

Sponsoring Sonographer/Reporting Physician Verification Statement

My signature verifies that I am a Reporting Physician practicing in the field of Pediatric Echocardiography ultrasound or that I am currently ARDMS registered in the Pediatric Echocardiography Specialty. I certify that I have **directly observed** (name of applicant) _____ successfully demonstrate the minimum core clinical skills as listed on this Clinical Verification Form for the Pediatric Echocardiography Specialty. I understand that submitting false documentation to ARDMS is a violation of ARDMS rules and may result in sanctions including but not limited to revocation of my certification and eligibility for registration in all categories, including those already held. My signature below verifies that I have read this form in its entirety and completed it truthfully.
I, _____, Reporting Physician or Sponsoring Sonographer, of (name of applicant)_____, certify that the applicant named hereon has successfully demonstrated the minimum core clinical skills necessary to establish acceptance for the ARDMS Pediatric Echocardiography Specialty Examination.

Signature of Sponsoring Sonographer/Reporting Physician: _____

ARDMS/APCA Number OR Physician License Number & State/Country: _____

Sponsoring Sonographer/Reporting Physician Name (Please Print): _____

Today's Date (MM/DD/YYYY): _____ Phone#: _____ E-mail Address: _____

Please upload this form to your **MY ARDMS/MY APCA** account at time of application submission.