



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

**Certification Requirements and  
Online Certification Instructions**

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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 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 or ASCeXAM\* (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 Uploader,” but is not required to register for the Critical Care Echocardiography examination (CCEeXAM).

The Certification Committee will meet to review applications for certification. Applicants will be notified in writing of the decision of the Committee. Review of application for certification will be contingent on successful completion of the Critical Care Echocardiography examination (CCEeXAM) or ASCeXAM\* (see page 6). Applicants will receive notification of the decision of the Committee within the year.

### Important Requirement Deadlines

#### Requirement 1

Applicants that pass the ASCeXAM prior to 2020 have until 2022 to apply for the CCEeXAM certification; after which the only applicable examination required for certification will be the CCEeXAM.

#### 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)].

**Practice Experience:** The practice experience pathway will expire on 12/31/2026.

# Applying for Certification

## Who May Apply?

Applicants who wish to apply for certification must hold a valid, unrestricted license to practice medicine at the time of application. (Geographical restrictions may be accepted and are subject to approval. Medical restrictions 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 or ASCeXAM\* (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 9, 11-12, the sample logs are on pages 10 & 13, 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 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, and documented in the required log format acceptable to the NBE, which is signed by the applicant. The supervisor signing off on the log must 1) hold NBE certification status in echocardiography (ASCeXAM, CCEeXAM, or APTEeXAM), or 2) be an individual who has achieved ASCeXAM 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 parallel, consecutive years but need not be calendar years. If using a fiscal year, exact dates are required. For example, MM/DD/YY - MM/DD/YY. The end of the most recent year for which credit is requested must fall within the 12 months prior to the receipt of the complete application.**

## Review of Documentation for Board Certification

Since certification is dependent on passing the CCEeXAM or ASCeXAM\* (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 (CCEeXAM) or ASCeXAM\* (See page 6) was passed and will be valid for ten (10) years from that date; e.g. if the exam was passed in 2019 board certification will be valid until December 31, 2029.

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# Applying 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.**

# CCE Certification Requirements

## CERTIFICATION REQUIREMENTS

### Requirement 1. Successful completion of the Examination of Special Competence in CCEeXAM or ASCeXAM\*.

Applicants must have taken and passed the CCEeXAM or ASCeXAM\*.

\* Applicants that pass the ASCeXAM prior to 2020 have until 2022 to apply for the CCEeXAM certification; after which the only examination accepted for certification will be the CCEeXAM.

### 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 will not be accepted for purposes of eligibility for certification.)

### Requirement 3. Current Medical Board Certification.

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, or Royal College of Physicians and Surgeons of Canada.

### Requirement 4. Specific Training/Experience in Critical Care Medicine.

#### Supervised Training Pathway:

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)]

OR

#### Practice Experience Pathway:

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.

**NOTE: The practice experience pathway will expire on 12/31/2026.**

## REQUIRED DOCUMENTATION

### Requirement 1.

Applicants must have taken and passed the CCEeXAM or ASCeXAM\*.

\* Applicants that pass the ASCeXAM prior to 2020 have until 2022 to apply for the CCEeXAM certification; after which the only applicable examination required for certification will be the CCEeXAM.

### Requirement 2.

Copy of current medical license or renewal certificate that shows an expiration date.

Or

Copy of equivalent documentation of permission to practice medicine in the country of principal residence. (Non-North American physicians: see page 5).

### Requirement 3.

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).

### Requirement 4.

**Supervised Training Pathway:** (One of the following :)

- A notarized letter typed on appropriate letterhead from the Fellowship Director, Program Director, or Chair of Critical Care program. (see page 9)
- A copy of a certificate of successful completion of specialized clinical training program dedicated to the study of adult critical care.

OR

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

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 5 and Sample letter page 11).

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

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# CCE Certification Requirements (continued)

## CERTIFICATION REQUIREMENTS

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

#### Supervised Training Pathway:

The completion of a minimum of 150 medically necessary\* critical care transthoracic 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.

OR

#### Practice Experience Pathway:

A minimum of 150 complete medically necessary\* critical care transthoracic echo examinations (See page 5: Definition of a complete critical care echo) 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, and documented in the required log format acceptable to the NBE, which is signed by the applicant. The supervisor signing off on the log must 1) hold NBE certification status in echocardiography (ASCeXAM, CCEeXAM, or APTEeXAM), or 2) be an individual who has achieved ASCeXAM 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, or Chair of Critical Care program and with the signed log of cases performed and interpreted. These transthoracic echocardiogram examinations must be medically necessary\* performed and interpreted under supervision by a qualified supervisor. The applicant must document in 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 9 & Sample log on page 10\*\*.

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 echo examinations performed and interpreted during the three years prior to application. See sample letter page 12.

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, and documented in 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 13 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.**

# Online Certification Instructions

## Instructions to Upload Required Documents:

- Sign in to your existing NBE account on [www.echoboards.org](http://www.echoboards.org).
- For required documents which an applicant can supply themselves, the documents must be scanned into a PDF file format. Click on “My Documents Uploader” on the right side of the screen.
- Under “Program”, the individual will need to choose either the **CCE – Supervised training pathway** OR **CCE – Practice Experience pathway**.
- Under “Requirement” the individual will need to upload each document as listed within the “Requirement” drop-down field. Although an applicant may upload a copy of the notarized letter(s), the original notarized document is required to be mailed to the National Board of Echocardiography to complete this requirement.

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

This letter must be signed, dated, notarized, dated by the notary, and typed on official letterhead. The notarized letter will not be accepted as only a scanned document to the uploader and must be mailed to complete this requirement. A scanned copy may be uploaded for this requirement to begin review; however, the application will not be complete until the original notarized letter is received by the National Board of Echocardiography. Please see page 4 when referencing your letters documenting training and/or level of service.

### Documents Uploader

Program	Requirement	Select File	Upload File
CCE - Supervised Tra	1-Medical License	[Empty Field]	[Upload ...]

Note :Please select only PDF files.

Uploaded Documents

**Certification**

- General Instructions
- Handbooks for All Certification Programs
- Certification Sample Letters
- Enroll for Certification
- Continue in Your Program
- My Documents Uploader

The

# National Board of Echocardiography

Incorporated 1996

attests that

## John Doe

*has successfully met the requirements of this Board, and is certified as a Diplomate in*

### Critical Care Echocardiography

  
Arthur J. Labovitz, MD  
Writing Committee Chair

  
John W. Allyn, MD  
President, NBE, Inc.

  
Jose L. Diaz-Gomez, MD

  
Antonio Hernandez, MD

  
Paul H. Mayo, MD



  
Robert Arnfield, MD

  
Steven E. Hill, MD

  
Sharon Mulvagh, MD

  
Nova Panebianco, MD, MPH

  
Hirdshir Sekiguchi, MD

  
Samuel Brown, MD

  
Ashish K. Khanna, MD

  
Vicki E. Noble, MD

  
Muhammed Saric, MD

  
Robert Thiele, MD

Passed CCEXAM: 2019  
 Certification Number: 2019-00000000  
 Valid Until: 12/31/2029

# Sample Letter

## Critical Care Echocardiography Certification for Physicians who completed one year of clinical fellowship dedicated to Critical Care 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.®  
1500 Sunday Drive  
Suite 102  
Raleigh, NC 27607

RE: *Physician's Full Name*  
*Physician's Date of Birth*  
*ACGME Program Number*

To Whom It May Concern:

#### REQUIREMENT 4

This letter confirms that Dr.       (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.       (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,

*John Doe*

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

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

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



**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/YY - MM/DD/ YY. Letters MUST be typed on appropriate letterhead and MUST be notarized.**

# Sample Case Log

## Requirement 5: Supervised Training Pathway

### Transthoracic Examinations (Examinations Performed and Interpreted)

Physician's Full Name: \_\_\_\_\_

Physician'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	Indications	Findings	Diagnosis	Attending
Example	MM/DD/YY	Hypotension	Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm	Septic Shock	Dr. Smith
Example	MM/DD/YY	Suspected pericardial effusion with lactic acidosis	2.1cm pericardial effusion, Mitral valve inflow variation of 30%	Pericardial tamponade	Dr. Phillips
Example	MM/DD/YY	Respiratory Failure	Dilated right ventricle, severe TR, RVSP of 40mmHg, TAPSE of 14mm	Right ventricular Failure	Dr. Smith
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2					
3					
4					
5					
6					
7					
(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.®  
1500 Sunday Drive  
Suite 102  
Raleigh, NC 27607

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

To Whom It May Concern:

#### REQUIREMENT 4

This letter serves to confirm that Dr. \_\_\_\_\_ (*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,

*Jane Smith*

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/YY - MM/DD/YY. Committee decisions will be determined using the numbers provided in this letter.**

# Sample Letter

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

### 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.®  
1500 Sunday Drive  
Suite 102  
Raleigh, NC 27607

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

To Whom It May Concern:

#### REQUIREMENT 5

The records presented to me by Dr.       (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.       (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.       (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,

*Jack Jones*

Type 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/YY - MM/DD/YY. 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 Case Log

## Requirement 5: Practice Experience Pathway

### Transthoracic Examinations (Examinations Performed and Interpreted)

Physician's Full Name: \_\_\_\_\_

Physician'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	Indications	Findings	Diagnosis
Example	MM/DD/YY	Hypotension	Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm	Septic Shock
Example	MM/DD/YY	Suspected pericardial effusion with lactic acidosis	2.1cm pericardial effusion, Mitral valve inflow variation of 30%	Pericardial tamponade
Example	MM/DD/YY	Respiratory Failure	Dilated right ventricle, severe TR, RVSP of 40mmHg, TAPSE of 14mm	Right ventricular Failure
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