



Application for Certification

Adult Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM)

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 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 adult 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.

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

Certification

Licensed physicians who meet the criteria for certification may apply for Certification at the time of application for the Advanced PTEeXAM. The certification application, checklist, and all required documentation can be submitted at any time but is not required to register for the Advanced PTEeXAM.

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 Advanced PTEeXAM. Applicants will receive notification of the decision of the Committee within the year.

Individuals who previously passed the Advanced PTEeXAM may apply for certification at any point in which they meet the clinical experience requirements, as long as their Testamur status remains valid.

Scope of Practice

The application of an advanced perioperative TEE examination is to utilize the full diagnostic potential of perioperative TEE including direction of the perioperative surgical decision-making process.

Important Policy Updates

Requirement 5 Practice Experience Pathway

Applicants who finished core residency training before July 1, 2009:

Applicants must have performed and interpreted at least 300 comprehensive perioperative transesophageal echocardiograms within four (4) consecutive years with no fewer than 50 in any year, and these exams must have occurred no more than 10 years prior to application. Additionally, the applicant must have performed and interpreted an average of 50 comprehensive perioperative transesophageal echocardiograms in the 4 years immediately preceding application. At least 150 of the 300 echocardiograms must be intraoperative. Physicians seeking certification by this pathway must have at least 50 hours of AMA category 1 continuing medical education devoted to echocardiography obtained during the time the physician is acquiring the requisite clinical experience in TEE.

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 or restrictions to the scope of practice 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 PTEeXAM. Applicants will receive notification of the decision of the Committee within 12 months.

The Purposes of Adult Advanced PTE Board Certification

- establish the domain of the practice of adult advanced perioperative transesophageal echocardiography for the purpose of certification,
- assess the level of knowledge demonstrated by a licensed physician practitioner of advanced perioperative transesophageal echocardiography in a valid manner,
- enhance the quality of perioperative transesophageal echocardiography and individual professional growth in adult advanced 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 advanced perioperative transesophageal echocardiography.

Certification Documentation and Instructions

The National Board of Echocardiography, Inc.[®] reserves the right to audit stated clinical experience and continued provision of services in perioperative transesophageal echocardiography for the sake of eligibility for board certification.

Letters Documenting Training and/or Level of Service

Letters documenting training and/or level of service from Residency Program Director; the Fellowship Training Director; Director of Cardiothoracic Anesthesiology; Cardiothoracic Surgery or Cardiology; Chairs of Anesthesiology; Medicine or Surgery; or the Medical Director of the Echocardiography Laboratory **MUST** be 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.** Applicants with letters not meeting these criteria will not be reviewed. Sample letters in the required format are on pages 8 and 9 the sample log on page 10, and on our web site: www.echobords.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. 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 with-in the 12 months prior to the receipt of the complete application.

Review of Documentation for Board Certification

Since Certification is dependent on passing the Advanced PTEeXAM, 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 be retroactive to the date that the Examination of Special Competence in Advanced Perioperative Transesophageal Echocardiography (Advanced PTEeXAM) was passed. For individuals who passed the examination prior to July, 2024 certification will be valid for ten (10) years from the date of passing; e.g. if the exam was passed in 2015, board certification will be valid until December 31, 2025.

For individual who pass the examination on or after July 2024, certification will be valid for eighteen (18) months from the date of passing; if the exam is passed in 2025, board certification will be valid until December 31, 2026.

Non-ACGME Accredited Trained Physicians

Non-ACGME Accredited 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 permission to practice anesthesiology is acceptable documentation.

Specific Training/Experience in the Perioperative Care of Surgical Patients with Cardiovascular Disease: Fellowship Pathway

Documentation must include the inclusive dates of training.

Change in Certification Policy

Applicants who finished their core residency training after June 30, 2009, can **ONLY** qualify for certification by completing fellowship training at an institution with an ACGME accredited fellowship program. Training obtained during core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement.

Canadian and Non-ACGME Accredited applicants who finished their core residency training after June 30, 2009, can **ONLY** qualify for certification by completing fellowship training at an institution with a nationally accredited training program in anesthesiology. Applications will be reviewed on a case by case basis to determine eligibility of the applicant for certification.

NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those who finished their core residency training after June 30, 2009.

Definition of Perioperative TEE

Perioperative TEE is defined as a TEE performed 1) intraoperative, 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization.

Note that diagnostic TEEs performed on patients not having a surgical operation, e.g., to rule out thrombus before a cardioversion or ablation or to rule out a cardiac source of embolus, are not considered to be perioperative and cannot be used for certification.

Adult Perioperative TEE = any patient that is 16 years of age or older.

Advanced PTE Board Certification Requirements

CERTIFICATION REQUIREMENTS	REQUIRED DOCUMENTATION
Requirement 1. Successful completion of the Examination of Special Competence in Perioperative Transesophageal Echocardiography. Applicants must have taken and passed the PTEeXAM.	Requirement 1. Applicant must supply all required documentation for training and maintenance of skills. Indicate year that the PTEeXAM was passed on application.
Requirement 2. Current License to Practice Medicine. Applicants who wish to apply for certification must hold a valid, unrestricted license to practice medicine at the time of application. (Geographical restrictions may be accepted and are subject to approval. Medical restrictions or restrictions to the scope of practice will not be accepted for purposes of eligibility for certification.)	Requirement 2. A copy of current medical license renewal certificate that shows the expiration date (Non-ACGME Accredited American physicians: see page 4).
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 3. A copy of current highest board certification attained, e.g., Anesthesiology, Cardiovascular Disease, Internal Medicine, etc. (Non-ACGME Accredited physicians: see page 4).
Requirement 4. Specific Training/Experience in the Perioperative Care of Surgical Patients with Cardiovascular Disease. Fellowship Pathway: Applicants must have a minimum of 12 months of clinical fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease. Training obtained during the core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement. Fellowship training in cardiothoracic or cardiovascular anesthesiology must be obtained at an institution with an ACGME or other national accrediting agency-accredited fellowship in cardiothoracic anesthesiology. Cardiothoracic anesthesiology fellowships in Canada will be accepted only if they are at least one (1) year long and occur after an anesthesiology core residency of five (5) years and are at an institution with a nationally accredited training program in anesthesiology. OR Practice Experience Pathway:(Select One of the following) - Credentialed by their hospital to practice as a cardiac anesthesiologist - Cardiac Anesthesiology Fellowship (12-months, either accredited or non-ACGME accredited) - Board Certified in Cardiac Anesthesiology by the American Board of Anesthesiology - Applicants must have a minimum of 24 months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease. The experience must include perioperative care personally delivered by the applicant to at least 150 patients with cardiovascular disease per year in each of the two (2) years immediately preceding the application. NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those who that finished their core residency training after June 30, 2009.	Requirement 4. Fellowship Pathway: One of the following: - A copy of a certificate of successful completion of fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease. - A notarized letter typed on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g., Residency Program Director; the Fellowship Training Director; Director of Cardiothoracic Anesthesiology; Cardiothoracic Surgery, or Cardiology; Chairs of Anesthesiology, Medicine, or Surgery; or the Medical Director of Echocardiography Laboratory, stating the applicant has completed a full 12 months of clinical training dedicated specifically to the perioperative care of surgical patients with cardiovascular disease. This letter must document the inclusive dates of the training, as well as the ACGME program number. A summary of the training program activities is recommended (see Letters Documenting Training and/or Level of Service: page 4 and Sample Letter: page 8). OR Practice Experience Pathway: A notarized letter typed on appropriate letterhead from the hospital or appropriate departmental Training Director, e.g., Director of Cardiothoracic Anesthesiology; Cardiothoracic Surgery, or Cardiology; Chairs of Anesthesiology, Medicine, or Surgery; or the Medical Director of the Echocardiography Laboratory, verifying: (Select one of the following) - Institutional credentials verification by their hospital to practice as a cardiac anesthesiologist - Documentation of completion of Cardiac Anesthesiology Fellowship (12-months, either accredited or non-ACGME accredited) - Documentation of Board Certified in Cardiac Anesthesiology by the American Board of Anesthesiology - the number of months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease, and the number of patients to whom perioperative care was personally delivered by the applicant for each of the two (2) years immediately preceding the application (see Letters Documenting Training and/or Level of Service: page 4 and Sample Letter: page 9).

Advanced PTE Board Certification Requirements

CERTIFICATION REQUIREMENTS

Requirement 5. Specific Training in Echocardiography.

Supervised Training Pathway:

Applicants must have had specific training or clinical experience in advanced perioperative transesophageal echocardiography, including study of 300 complete perioperative TEE examinations under appropriate supervision. These examinations must include a wide spectrum of cardiac diagnoses. Of the 300 examinations, at least 150 comprehensive intraoperative TEE examinations must be personally performed, interpreted, and reported by the trainee. For these 150 examinations, the supervising physician must be present for all critical aspects of the procedure and immediately available throughout the procedure. Those examinations that are not personally performed by the applicant must be acquired and reviewed at an institution where the applicant has performed TEEs under supervision. Documentation of compliance with the requirements of this pathway must be obtained from the institution where the examinations are performed and must be in a form acceptable to the NBE. Training obtained during the core residency (anesthesiology, internal medicine, or general surgery) may not be counted toward this requirement.

Applicants who finished their core residency training after June 30, 2009, can ONLY qualify for certification by completing cardiothoracic or cardiovascular anesthesiology fellowship training at an ACGME accredited fellowship program.

Adult cardiothoracic anesthesiology fellowships in Canada will be accepted only if they are at least one (1) year long and occur after an anesthesiology core residency of five (5) years and are at an institution with a nationally accredited training program in anesthesiology.

NOTE: Supervised Training in Perioperative TEE must be completed in two years or fewer.

Definition of Perioperative TEE: Perioperative TEE is defined as a TEE performed 1) intraoperative, 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization. Note that diagnostic TEEs performed on patients not having a surgical operation, e.g., to rule out thrombus before a cardioversion or ablation or to rule out a cardiac source of embolus, are not considered to be perioperative and cannot be used for certification.

OR

Practice Experience Pathway (Certification Policy Change):

Applicants must have performed and interpreted at least 300 comprehensive perioperative transesophageal echocardiograms within four (4) consecutive years with no fewer than 50 in any year, and these exams must have occurred no more than 10 years prior to application. Additionally, the applicant must have performed and interpreted an average of 50 comprehensive perioperative transesophageal echocardiograms in the 4 years immediately preceding application. At least 150 of the 300 transesophageal echocardiograms must be intraoperative. Physicians seeking certification by this pathway must have at least 50 hours of AMA category 1 continuing medical education devoted to echocardiography obtained during the four (4) years immediately preceding the application.

NOTE: The practice experience pathway will no longer be accepted as an alternative to fellowship training for those who finished their core residency training after June 30, 2009.

Definition of Perioperative TEE: Perioperative TEE is defined as a TEE performed 1) intraoperative, 2) post operative during the same hospitalization as surgery, or 3) preoperative in patients having surgery during the same hospitalization.

REQUIRED DOCUMENTATION

Requirement 5.

Supervised Training Pathway:

A notarized letter typed on appropriate letterhead from the hospital or appropriate department Training Director, e.g., Residency Program Director; the Fellowship Training Director; Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology; Chairs of Anesthesiology, Medicine or Surgery; or the Medical Director of the Echocardiography Laboratory, verifying completion of training and/or experience in perioperative transesophageal echocardiography and the number of comprehensive intraoperative TEE examinations personally performed, interpreted, and reported and the number of complete examinations reviewed with supervision by the trainee (see Letters Documenting Training and/or Level of Service: page 4 and Sample Letter: page 8).

OR

Practice Experience Pathway:

A notarized letter typed on appropriate letterhead from the hospital or appropriate department Training Director, e.g., Residency Program Director; the Fellowship Training Director; Director of Cardiothoracic Anesthesiology, Cardiothoracic Surgery, or Cardiology; Chairs of Anesthesiology, Medicine, or Surgery; or the Medical Director of the Echocardiography Laboratory, verifying the number of transesophageal studies performed and interpreted on surgical patients. The letter must state that at least 150 of the 300 transesophageal echocardiograms were intraoperative (see Letter Documenting Training and/or Level of Service: page 4 and Sample Letter: page 8). If using a fiscal year, exact dates are required. For example: MM/DD/YYYY - MM/DD/YYYY.

AND

A copy of certificate(s) or documentation from the institution providing CME credits documenting 50 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.

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 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

Advanced PTE Board Certification

For physicians who completed a 12-month clinical fellowship dedicated to the perioperative care of surgical patients with cardiovascular disease (Requirements 4 and 5)
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.®
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 12 months of clinical fellowship training dedicated to the perioperative care of surgical patients with cardiovascular disease at our institution between *(beginning date - MM/DD/YYYY)* and *(end date - MM/DD/YYYY)*. This letter further confirms that fellowship training in echocardiography was obtained at an institution with an accredited cardiothoracic anesthesiology fellowship or other nationally equivalent accredited program.

REQUIREMENT 5

Our records indicate that *(he/she)* had specific training in Adult Perioperative Transesophageal Echocardiography and personally performed, interpreted, and reported *(#)* comprehensive intraoperative TEE examinations under appropriate supervision. In addition, *(he/she)* studied under appropriate supervision, but did not perform *(#)* studies for a total of *(#)* complete intraoperative TEE examinations. These studies include a wide spectrum of cardiac diagnoses.

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

Sincerely,

(Original signature required)

Typed name

Title (Residency Program Director, Fellowship Training Director, 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. 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. Applications containing approximated and/or rounded numbers will no longer be reviewed by the Certification Committee. Letters MUST be typed on appropriate letterhead and MUST be notarized.

Sample Letter

Advanced PTE Board Certification Practice Experience Pathway (Requirements 4) - Credentialed By Hospital Letters must be submitted in this format.

XYZ Hospital

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

Date

National Board of Echocardiography, Inc.®
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 is to confirm that Dr. (Applicants Name) is currently credentialed and in good standing at (Hospital Name). Dr. (Last Name) has been granted privileges to practice as a Cardiac Anesthesiologist at our institution.

Dr. (Applicants Last Name) has met all requirements for credentialing and has been approved by the Medical Staff and Credentials Committee to provide anesthesia services in the field of cardiac anesthesia. Their privileges remain active and without restriction as of the date of this letter.

If you require additional information regarding Dr. (Applicant's Last Name)'s credentials or scope of privileges, please feel free to contact our Medical Staff office at (Phone Number) or (email address).

Sincerely,

(Original signature required)

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

Sample Letter

Advanced PTE Board Certification Practice Experience Pathway (Requirements 4 and 5) Letters must be submitted in this format.

XYZ Hospital

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

Date

National Board of Echocardiography, Inc.®
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 confirms that Dr. *(Applicant's name)* is a practicing in our hospital. Our records indicate that *(he/she)* has *(#)* months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease between *(beginning date - MM/DD/YYYY)* and *(end of employment or current date - MM/DD/YYYY)* .

Our records indicate that *(he/she)* personally delivered perioperative care to *(#)* patients with cardiovascular disease 2024 and *(#)* patients with cardiovascular disease in 2025.

REQUIREMENT 5

In addition our records indicate that *(he/she)* performed and interpreted the number of comprehensive perioperative transesophageal echocardiograms per year as follows:

(2016)	(2017)	(2018)	(2019)	(2020)	(2021)	(2022)	(2023)	(2024)	(2025)
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
###	###	###	###	###	###	###	###	###	###

I certify that the numbers of studies provided above are exact numbers and are not rounded and/or estimates and that at least 150 of the perioperative transesophageal echocardiograms performed and interpreted were intraoperative.

Sincerely,

(Original signature required)

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