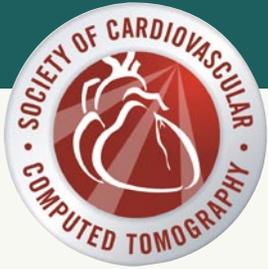


SOCIETY OF CARDIOVASCULAR COMPUTED TOMOGRAPHY



presents **Verification of Cardiovascular CT Experience Program** for Level 2

Based on the published ACCF/AHA requirements* for training in cardiac CT (CCT), the Society of Cardiovascular Computed Tomography offers a process for the verification of training. An outline of these requirements is listed below for those physicians who have already completed residency/ fellowship training.

*ACCF/AHA Clinical Competency Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance: A Report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training. Budoff MJ, et. al. J Am Cardiol Card 2005;46:383-402

Initial Experience for Level 2 (Prior to July 1, 2010)

- A. Board certification (ACGME Radiology, Cardiology, Nuclear Medicine), or eligibility, valid medical license (U.S.) or Foreign Equivalent, if applicable; and
- B. 150 contrast CCT examinations**, and
- C. Evaluation of 50 non-contrast studies (can include the same cases as in component B above with an initial non-contrast study); and
- D. Completion of 20 hours of lectures and/or CME credits related to CT in general and/or CCT in particular

** For at least 50 of these cases, the candidate must be “physically present, and involved in the acquisition and interpretation of the case,” which shall mean:

- (a) The applicant must be present in the scanning room during CT raw data acquisition and image reconstruction from that raw data in, at least, 25 of the 50 cases where the CT data acquisition is observed. In up to 25 cases data acquisition can be witnessed from a taped video demonstration. If the CT data from these taped patients is not available for workstation review, these cases will contribute to the 50 required cases for observation but not to the overall 150 cases requiring data manipulation and interpretation.
- (b) Interactive manipulation of the reconstructed data sets for evaluation of the observed scan must be performed or witnessed by the applicant. It should include all components of cardiac as well as non-cardiac structures
- (c) During the data evaluation process, there must be an opportunity for interaction between the applicant and trainer.

Activities that qualify for the additional 100 non-direct performance cases include:

- (i) A maximum of 50 cases from educational CD or presentation granting CME credit that contains CT data review, clinical information, and appropriate clinical correlative information (e.g., invasive coronary angiogram images).
- (ii) The remaining cases must involve interactive manipulation of reconstructed datasets using a workstation or equivalent. Training should be limited to two candidates per workstation.

The Verification Process shall consist of the following steps:

1. The applicant shall provide SCCT with a completed application and a detailed letter specifying the type of experience and training sites for the components of training identified above.
2. For the minimum 50 cases involving CT data acquisition, each case should identify whether that patient’s data was manipulated and reviewed. Accompanying data must include an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training. (For cases read prior to January 1, 2007, provide whatever material is available regarding the patient diagnosis and scan indication. Also, include the number witnessed and reviewed on a workstation. For cases read from January 1, 2007 on, a specific list as above will be required).
3. The application must include name and contact information (address, phone number, email address) of the program for direct verification of on-site training.
4. For the elements of 100 additional cases, appropriate documentation including an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training and/or documenting the source of study review (i.e. CD review, CCT Self Assessment Program or other CME product).
5. The candidate should send his certificates of verification and/or letters of verification of experience from Level 2 mentors to:
**Society for Cardiovascular Computed Tomography,
Verification of Cardiovascular CT Experience Program
5620 W Sligh Ave., Tampa, FL 33634.**
6. This application must be accompanied with payment in full under the following fee schedule:
 - a. SCCT members: \$295.00
 - b. Non-members: \$495.00
7. A letter of verification of experience from the SCCT will be processed within 8 weeks. Rush verification (2 weeks) can be achieved for an additional administrative fee of \$100.00.

Further Inquiries: 813-806-1095 • lsessa@sctverify.org

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY---

DOCUMENTATION REQUESTED? _____

Date Received _____

Application verified _____

Date requested: _____

Admissible: _____

Application No. _____

Society of Cardiovascular Computed Tomography
APPLICATION FOR VERIFICATION OF CCT EXPERIENCE
LEVEL 2

Background:

Based on the published ACCF/AHA requirements* for training in cardiac CT (CCT), the Society of Cardiovascular Computed Tomography offers a process for the verification of training. An outline of these requirements is listed below for those physicians who have already completed residency/fellowship training.

I. Initial Experience (Prior to July 1, 2010)

Level 2*: FULL CCT REQUIREMENTS

1. Board certification (ACGME Radiology, Cardiology, Nuclear Medicine), or eligibility, valid medical license (U.S.) or Foreign Equivalent, if applicable; and
2. 150 contrast CCT examinations. For at least 50 of these cases, the candidate must be physically present, and be involved in the acquisition and interpretation of the case (see definitions below); and
3. Evaluation of 50 non-contrast studies (can include the same cases as in component 2 with an initial non-contrast study); and
4. Completion of 20 hours of lectures and/or CME credits related to CT in general and/or CCT in particular

II. Maintenance of Competence

Level 2*

50 contrast CCT exams conducted and interpreted per year
20 hours of Category I CME every 36 months of CCT

*ACCF/AHA Clinical Competency Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance: A Report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training. Budoff MJ, et. al. J Am Cardiol Card 2005;46:383-402

Definitions:

Activities that qualify for the cases where the candidate is “physically present and involved in the acquisition and interpretation of the case”: The following 3 elements must be met:

- 1) Candidate must be present in the scanning room during CT raw data acquisition and image reconstruction from that raw data in, at least, 25 of the 50 cases where the CT data acquisition is observed. In up to 25 cases data acquisition can be witnessed from a taped video demonstration. If the CT data from these taped patients is not available for workstation review, these cases will contribute to the 50 required cases for observation but not to the overall 150 cases requiring data manipulation and interpretation.
- 2) Interactive manipulation of the reconstructed data sets for evaluation of the observed scan must be performed or witnessed by the candidate. It should include all components of cardiac as well as non-cardiac structures
- 3) During the data evaluation process, there must be an opportunity for interaction between the candidate and trainer.

Activities that qualify for the additional (non-direct performance: 100 for Level 2) cases include:

- 1) A maximum of 50 cases from educational CD or presentation granting CME credit that contains CT data review, clinical information, and appropriate clinical correlative information (e.g. invasive coronary angiogram images).
- 2) The remaining cases must involve interactive manipulation of reconstructed datasets using a workstation or equivalent. Training should be limited to two candidates per workstation.

Process of Verification:

- 1) A detailed letter specifying the type of experience and training sites for the components of training identified above.
- 2) For the minimum 50 cases involving CT data acquisition, each case should identify whether that patient’s data was manipulated and reviewed. Accompanying data must include an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training. (For cases read Prior to January 1, 2007, provide whatever material is available regarding the patient diagnosis and scan indication. Also, include the number witnessed and reviewed on a workstation. For cases read from January 1, 2007 on, a specific list as above will be required).
- 3) Name and contact information (address, phone number, email address) of the program for direct verification of on-site training.
- 4) For the elements of 100 additional cases, appropriate documentation including an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training and/or documenting the source of study review (CD review, e.g. CCT Self Assessment Program or other CME product).
- 5) The candidate should send his certificates of verification and/or letters of verification of experience from Level 2 mentors to: Society for Cardiovascular Computed Tomography, Verification of Cardiovascular CT Experience Program, 5620 W. Sligh Ave., Tampa, FL 33634.
- 6) This application must be accompanied with payment in full under the following fee schedule:
 - a. SCCT members: \$295.00
 - b. Non-members: \$495.00
- 7) A letter of verification of experience from the SCCT will be processed within 8 weeks. Rush verification (2 weeks) can be achieved for an additional administrative fee of \$100.00.

An independent organization has been enlisted to help with the verification process. Any unclear information or circumstances requiring further interpretation will be reviewed by a committee of volunteer SCCT members who have a long prior history of teaching in cardiac CT.

PLEASE TYPE OR PRINT (IN INK) ALL INFORMATION

I hereby make application to the Society of Cardiovascular Computed Tomography for

Verification of CCT Experience – Level 2

I agree to disqualification from issuance of Verification if any of the statements hereinafter made by me are false or if any of the rules governing this process are violated.

SCCT Member: Yes No If yes, please supply your member #: _____

1. Name _____ Sex: Male Female
First Middle Last

2. Mailing address _____

City State Zip

Telephone _____ Fax _____ E-Mail _____

Social Security No. _____ or Valid Medical License #: _____ State _____
(optional)

3. Field of certification: ACGME Radiology/Cardiology/Nuclear Medicine _____

Other (specify) _____ Date: Month _____ Year _____

Name at time of certification if different from #1 above: _____

Other specialty board certification: Board _____ Date: _____

Board _____ Date: _____

4. Medical school(s):
Institution City & State Dates Degree

a. _____

b. _____

c. _____

5. Internship/Residency program:
Institution/City/State Type

a. _____

From _____ To _____

b. _____

From _____ To _____

c. _____

From _____ To _____

6. Fellowship program:

Institution/City/State

Type

a. _____

From _____ To _____

b. _____

From _____ To _____

7. Current institution

Name

City/State

Start Date

Medical Director _____ Phone _____

8. Prior institutions

Name

City/State

From

To

1. _____

Medical Director _____ Phone _____

Name

City/State

From

To

2. _____

Medical Director _____ Phone _____

Name

City/State

From

To

3. _____

Medical Director _____ Phone _____

Use extra paper for additional data if necessary.

9. **Completion of 20 hours of lectures and/or CME credits related to CT in general and/or CCT in particular:**

Applicant must have earned **20** hours of Category 1 CME credit during the *prior 36-month period*. **Attach copies of CME certificates to application.**

Name of program _____

Date(s) of program _____

ACCME accredited sponsor/site _____

Location _____

Category 1 CME credits earned _____

Name of program _____

Date(s) of program _____

ACCME accredited sponsor/site _____

Location _____

Category 1 CME credits earned _____

Name of program _____

Date(s) of program _____

ACCME accredited sponsor/site _____

Location _____

Category 1 CME credits earned _____

Name of program _____

Date(s) of program _____

ACCME accredited sponsor/site _____

Location _____

Category 1 CME credits earned _____

Use extra paper (or copies of this page) for additional data if necessary.

10. **Documentation of CCT exams (150 Contrast CCT and 50 Non-Contrast CCT exams):**

Category A Cases - 50 contrast CCT cases where the candidate must be **physically present, and be involved in the acquisition and interpretation of the case.**

"Physically present and involved in the acquisition and interpretation of the case," which shall mean:

(a) Candidate must be present in the scanning room during CT raw data acquisition and image reconstruction from that raw data in, at least, 25 of the 50 cases where the CT data acquisition is observed. In up to 25 cases data acquisition can be witnessed from a taped video demonstration (**Category A-1 Cases**). If the CT data from these taped patients is not available for workstation review, these cases will contribute to the 50 required cases for observation but not to the overall 150 cases requiring data manipulation and interpretation(**Category A-2 Cases**).

(b) Interactive manipulation of the reconstructed data sets for evaluation of the observed scan must be performed or witnessed by the candidate. It should include all components of cardiac as well as non-cardiac structures

(c) During the data evaluation process, there must be an opportunity for interaction between the applicant and trainer.

- 8) For the minimum 50 cases involving CT data acquisition, each case should identify whether that patient's data was manipulated and reviewed. Accompanying data must include an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training. (For cases read Prior to January 1, 2007, provide whatever material is available regarding the patient diagnosis and scan indication. Also, include the number witnessed and reviewed on a workstation. For cases read from January 1, 2007 on, a specific list as above will be required).

Category B Cases - 100 non-direct performance contrast CT cases include:

- (i) A maximum of 50 cases from educational CD or presentation granting CME credit that contains CT data review, clinical information, and appropriate clinical correlative information (e.g., invasive coronary angiogram images).
- (ii) The remaining cases must involve interactive manipulation of reconstructed datasets using a workstation or equivalent. Training should be limited to two candidates per workstation.

Category C Cases - 50 non-contrast CCT studies (can include the same cases as the contrast CCT with an initial non-contrast study)

Signature(s) of Department Head, Imaging Facility Head, Medical Director, or Hospital CEO:

A department head, imaging facility head, medical director, or hospital CEO signature is required for each institution listed in this section of the application. If the applicant is the department head, facility head, or medical director, the verification section must be signed by the Chairperson of the Executive Committee.

Documentation

You may submit letters or other documents (containing the same information as requested on the following pages) signed by a Department Head, Imaging Facility Head, Medical Director, or hospital CEO in lieu of completing the following pages.

Make as many copies of the following page(s) as you need.

Institution #1: _____

Cases personally interpreted, witnessed, or interactively manipulated by applicant:

_____ # Category A (Contrast CCT Exams – physically present/direct performance)

_____ # Category A-1 (Contrast CCT Exams - witnessed from a taped video demonstration, reviewed on workstation)

_____ # Category A-2 (Contrast CCT Exams - witnessed from a taped video demonstration, not reviewed on workstation)

_____ # Category B (Contrast CCT Exams – not physically present/non-direct performance)

_____ # Category C (Non-Contrast CCT Exams)

I verify that the applicant has interpreted witnessed, or interactively manipulated the above number and type of cases:

Signature: _____ Title: _____
Department Head, Imaging Facility Head, Medical Director or Hospital CEO

Printed Name: _____ Date: _____

E-Mail address _____ Phone: _____

Facility Name: _____ Address: _____

Institution #2: _____

Cases personally interpreted by applicant:

_____ # Category A (Contrast CCT Exams – physically present/direct performance)

_____ # Category A-1 (Contrast CCT Exams - witnessed from a taped video demonstration, reviewed on workstation)

_____ # Category A-2 (Contrast CCT Exams - witnessed from a taped video demonstration, not reviewed on workstation)

_____ # Category B (Contrast CCT Exams – not physically present/non-direct performance)

_____ # Category C (Non-Contrast CCT Exams)

I verify that the applicant has interpreted witnessed, or interactively manipulated the above number and type of cases:

Signature: _____ Title: _____
Department Head, Imaging Facility Head, Medical Director or Hospital CEO

Printed Name: _____ Date: _____

E-Mail address _____ Phone: _____

Facility Name: _____ Address: _____

Use extra paper (or copies of this page) for additional data if necessary.

Institution #3: _____

Cases personally interpreted, witnessed, or interactively manipulated by applicant:

_____ # Category A (Contrast CCT Exams – physically present/direct performance)

_____ # Category A-1 (Contrast CCT Exams - witnessed from a taped video demonstration, reviewed on workstation)

_____ # Category A-2 (Contrast CCT Exams - witnessed from a taped video demonstration, not reviewed on workstation)

_____ # Category B (Contrast CCT Exams – not physically present/non-direct performance)

_____ # Category C (Non-Contrast CCT Exams)

I verify that the applicant has interpreted witnessed, or interactively manipulated the above number and type of cases:

Signature: _____ Title: _____
Department Head, Imaging Facility Head, Medical Director or Hospital CEO

Printed Name: _____ Date: _____

E-Mail address _____ Phone: _____

Facility Name: _____ Address: _____

Institution #4: _____

Cases personally interpreted by applicant:

_____ # Category A (Contrast CCT Exams – physically present/direct performance)

_____ # Category A-1 (Contrast CCT Exams - witnessed from a taped video demonstration, reviewed on workstation)

_____ # Category A-2 (Contrast CCT Exams - witnessed from a taped video demonstration, not reviewed on workstation)

_____ # Category B (Contrast CCT Exams – not physically present/non-direct performance)

_____ # Category C (Non-Contrast CCT Exams)

I verify that the applicant has interpreted witnessed, or interactively manipulated the above number and type of cases:

Signature: _____ Title: _____
Department Head, Imaging Facility Head, Medical Director or Hospital CEO

Printed Name: _____ Date: _____

E-Mail address _____ Phone: _____

Facility Name: _____ Address: _____

Use extra paper (or copies of this page) for additional data if necessary.

SUMMARY OF CASES:

_____ # Category A (Contrast CCT Exams – physically present/direct performance)

_____ # Category A-1 (Contrast CCT Exams - witnessed from a taped video demonstration, reviewed on workstation)

_____ # Category A-2 (Contrast CCT Exams - witnessed from a taped video demonstration, not reviewed on workstation)

_____ # Category B (Contrast CCT Exams – not physically present/non-direct performance)

_____ # Category C (Non-Contrast CCT Exams)

I, the undersigned applicant, attest that the foregoing represents the volume of cases personally interpreted, witnessed, or interactively manipulated by me within the prior 36.

Subscribed to and Sworn before me this

_____ day of _____, 20____

Signature of Applicant: _____

Date: _____

Notary Public Signature

Notary Public Printed Name

*(Please turn page and sign under **Agreement to Terms.**)*

SEAL

**THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY
BY THE APPLICANT**

11. **Agreement to terms:**

I, the undersigned applicant, recognize the Society of Cardiovascular Computed Tomography as the sole and only judge of my qualifications to receive and to retain Verification of CCT Experience, and further agree to hold harmless individually and collectively the Society of Cardiovascular Computed Tomography for any decision or action in pursuance of their duties in connection with this application, or for the failure of said Society to issue me a letter of Verification of CCT Experience. I understand and agree that in the consideration of my application my moral, ethical and professional standing will be reviewed and assessed by the Society; that the Society may make inquiry of the persons named in my application and of such other persons as the Society deems appropriate with respect to my moral, ethical and professional standing; that if information is received which could adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of the individuals who have furnished adverse information concerning me; and that all statements and other information furnished to the Society in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf. I also pledge myself to the highest ethical standards in the practice of Cardiovascular Computed Tomography.

Signature of Applicant: _____ Date: _____

INSTRUCTIONS TO APPLICANT

1. Complete the application and enclose documentation as appropriate. Use extra paper for additional data if necessary. All required signatures must be present for the application to be considered complete. Incomplete applications will be returned to the applicant.
2. Enclose fee of \$295 for SCCT Members or \$495 for Non-members (U.S. currency). Please make check payable to the **Society of Cardiovascular Computed Tomography**.
3. Return completed application, additional documentation, copies of CME certificates, and payment to:

Society of Cardiovascular Computed Tomography
Verification of Cardiovascular CT Experience Program
5620 W. Sligh Ave.
Tampa, FL 33634-4490
www.lsess@scctverify.org
813-806-1095