Recognize significant clinical information and historical facts from the patient and the medical records, which may influence the diagnostic examination.

Demonstrate knowledge and understanding of anatomy, physiology, pathology and pathophysiology relevant to and in the AE specialty.

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 AE specialty.

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 AE specialty.

Perform related measurements from sonographic images or data.

Utilize appropriate examination recording devices to obtain pertinent documentation of examination findings.

Sponsoring Sonographer Verification Statement/Reporting Physician Statement

My signature verifies that I am currently ARDMS registered in the Adult Echocardiography Specialty or that I am a Reporting Physician practicing in the field of Adult Echocardiography ultrasound. 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 Adult 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, (Sponsoring Sonographer or Reporting Physician, 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 Adult Echocardiography Specialty Examination.

Signature of Sponsoring Sonographer including ARDMS number or Signature of Reporting Physician including Medical License Number: (Please sign below)

Name (Please Print):

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

Please return this form within 21 days after application submission to:

ARDMS.org | 1401 Rockville Pike, Suite 600, Rockville, Maryland 20852-1402  t 800-541-9754  t 301-738-8401