



Clinical Verification Form for Fetal Echocardiography Specialty

All of the Clinical Verification Forms (Standard, Breast, Fetal Echocardiography and International) are available online by visiting www.ARDMS.org/cv. You must use a separate form for each applied-for specialty examination.

Applicant's Name: _____ Applied-for Specialty: **Fetal Echocardiography**
 Applicant's ARDMS number (if applicable): _____

To be eligible to sit for the Fetal Echocardiography specialty examination, the applicant must be able to consistently demonstrate the following minimum core clinical skills deemed necessary to establish eligibility for ARDMS examinations. Applicants are responsible for meeting the requirements at the time of application.

Clinical Verification	Sponsor's Initials (Sign 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 interpreting 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 specialty being assessed.	
8. Demonstrate knowledge and understanding of anatomy, physiology, pathology and pathophysiology relevant to specialty being assessed.	
9. Demonstrate the ability to perform sonographic examinations of the appropriate organs and areas of interest according to professional and employing institution protocols.	
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.	
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 Sponsor. This form must be signed by someone who is ARDMS Registered in the applied-for specialty area. This form must contain original (signed) initials and signatures. Original initials must be included for each numbered skill, above. Facsimiles and photocopies of signatures or initials are not acceptable. 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 or Primary Interpreting Physician Verification Statement:

My signature verifies I am currently ARDMS-registered in the Fetal Echocardiography Specialty requested by this applicant, or serve as a primary interpreting physician in this field. This applicant has successfully demonstrated entry-level clinical skills as listed on the Clinical Verification Form for the Fetal 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.

I, _____, sponsoring sonographer or interpreting physician, of _____, certify that the applicant named hereon has completed the minimum core procedures necessary to establish eligibility acceptance for the ARDMS Fetal Echocardiography Specialty Sonography Examination.

 Signature of Sponsoring Sonographer or
 Primary Interpreting Physician

 ARDMS number or Medical License Number

 Date (MM/DD/YYYY)

 Name (Please Print)

 Business Phone