

All fields below must be completed in full for the form to be accepted.

Candidate First and Last Name: \_\_\_\_\_  
 Date of Examination: \_\_\_\_\_  
 Evaluator First and Last Name: \_\_\_\_\_  
 Evaluator ARDMS or APCA Number (if applicable): \_\_\_\_\_  
 Medical License Number (if applicable): \_\_\_\_\_

ARDMS Number (if applicable): \_\_\_\_\_  
 Location of Examination: \_\_\_\_\_

IMPORTANT: Please review the instructions on Page 2 prior to submitting this form. Please note that once signed and submitted, this form will be used toward your Midwife Sonography Practical Examination requirement. The information below must be completed by the Evaluating Sonographer/Reporting Physician.

<b>Second/Third Trimester: Biophysical Profile/Amniotic Fluid Transabdominal (SIMULATION NOT ACCEPTED)</b>	<b>Check the box per completion</b>
1. Verify patient with two identifiers (for example: full name, DOB). Place dating last menstrual period (LMP) or estimated date of confinement (EDC) in calculation package, if available, to obtain percentile measurements.	<input type="checkbox"/>
2. Describe procedure and provide explanation for exam.	<input type="checkbox"/>
3. Select appropriate transducer and presets (to include mechanical index (MI)/thermal index (TI) for the gestation.	<input type="checkbox"/>
4. Scanning:	
a. Demonstrate how to obtain longitudinal and transverse planes.	<input type="checkbox"/>
b. Demonstrate how to correctly orient the probe by locating indicator on the probe and demonstrating proper rotation of the probe.	<input type="checkbox"/>
c. Demonstrate correct use of image optimization including depth, gain, and focus.	<input type="checkbox"/>
5. Scan all four quadrants or maximum vertical pocket (MVP) in either the longitudinal or transverse plane.	<input type="checkbox"/>
a. Right lower quadrant	<input type="checkbox"/>
b. Right upper quadrant	<input type="checkbox"/>
c. Left upper quadrant	<input type="checkbox"/>
d. Left lower quadrant	<input type="checkbox"/>
6. Measurements:	
a. Measure anterior-posterior (AP) dimension of the largest pocket of fluid in each quadrant for amniotic fluid (AF) or measure largest vertical pocket for vertical pocket (MVP).	<input type="checkbox"/>
b. Calipers are placed in a vertical plane.	<input type="checkbox"/>
c. Measurement is free of fetal parts or cord.	<input type="checkbox"/>
d. Measurement does not include uterine wall or placenta.	<input type="checkbox"/>
e. Measurements can be placed in a calculation package on the machine or manually added and evaluated.	<input type="checkbox"/>
7. Biophysical Profile:	
a. Identify one extension/flexion of body part (or opening/closing of hand).	<input type="checkbox"/>
b. Identify three fetal limb movements (movements used for tone can represent one of these).	<input type="checkbox"/>
c. Observe for at least one episode of 30 seconds sustained fetal breathing in a 30 minutes window.	<input type="checkbox"/>
d. Document fetal heart rate with M-Mode (color/pulsed Doppler should <b>NOT</b> be used).	<input type="checkbox"/>
8. Determine score (8-point max, no NST).	<input type="checkbox"/>
9. Clean transducer with manufacturer approved solution/wipe.	<input type="checkbox"/>

Evaluating Sonographer/Reporting Physician Verification Statement:

My signature verifies that I am an Evaluating Sonographer, and currently certified by ARDMS in the OB/GYN Specialty or that I am a licensed Reporting Physician practicing in the field of Obstetrics and Gynecology or Maternal Fetal Medicine. I, (insert evaluator name) \_\_\_\_\_ certify that I have directly observed (insert candidate name) \_\_\_\_\_ successfully demonstrate the minimum core clinical skills as listed on this Form.

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.

Signature of Evaluating Sonographer/Reporting Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THE FIRST PAGE OF THE PRACTICAL EXAMINATION FORM:

Prior to submitting this form, the Candidate is required to have passed the Midwife Sonography Written Examination within the preceding two years. To complete the Practical Examination, the Candidate must upload all required, completed assessment forms (8) for review within two-years of passing the written examination. The Candidate may begin acquiring this practical experience before passing the computer-based examination. This experience can be completed up to two years before passing the written examination and/or up to two years after passing the examination. All fields on each form must be completed to be accepted. The required cases and forms can be found at [ARDMS.org/MW](http://ARDMS.org/MW) under the "Apply" tab. All eight forms should be uploaded as completed to the applicant's MY ARDMS account in order to complete the Practical Examination. **Note:** Forms do not need to be uploaded at the same time.

A report displaying biometry measurements, average ultrasound age and percentile will need to be submitted along with this form. The candidate can obtain the report from the ultrasound machine the candidate is scanning on.

Demonstration of minimum core clinical skills means that the evaluator directly observed the Candidate perform the minimum core clinical skills independently and effectively that are listed on page one of this form. For purposes of satisfying the Practical Examination requirements, three of the eight required forms can verify scanning using a simulator, while the other five are required to verify scanning on live patients under direct supervision of the Evaluating Sonographer\* or Reporting Physician\*\*. Any three of the eight examinations are acceptable for simulation except Biophysical Profile, which must be done with a live fetus in real-time.

It is preferable for a simulation to be observed by a registered sonographer or qualified OB/GYN physician, but the signature of a simulation supervisor is acceptable, documenting successful completion of the simulation examination.

ARDMS conducts random audits of submitted information. Individuals who are audited may be required to submit additional documentation to further substantiate the original submission.

- \*● An Active status with ARDMS; AND
  - Hold the RDMS (OB/GYN) credential; AND
  - An RDMS (OB/GYN) sonographer who has directly observed the Applicant demonstrate the minimum core clinical skills listed on this form.

\*\*Reporting Physician must be:

- A physician with an Active license to practice medicine; AND
- Trained to interpret OB/GYN or Maternal Fetal Medicine ultrasound studies; AND
- A physician who has directly observed the Applicant demonstrate the minimum core clinical skills listed on this form.

Note: This form cannot be signed by a relative of the Candidate.

Note: Any incomplete Practical examination submissions will not be accepted, and candidates will be charged a processing fee (\$25) for resubmitting the required eight forms if the initial submission was incomplete.