Fetal Echocardiography (FE) Specialty Examination

Clinical Verification

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 reporting 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 and in the FE specialty.
8. Demonstrate knowledge and understanding of anatomy, physiology, pathology and pathophysiology relevant to and in the FE specialty.
9. 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 FE specialty.
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 relevant to and in the FE specialty.
11. Perform related measurements from sonographic images or data.
12. Utilize appropriate examination recording devices to obtain pertinent documentation of examination findings.

Sponsoring Sonographer/Reporting Physicians Initials

Note: This form is valid for one year from the signature date of the Sponsoring Sonographer or Reporting Physician. The Sponsoring Sonographer must be an Active status RDMS (FE) or RDCS (FE) Registrant. A Reporting Physician must be a medical doctor specifically trained to interpret Fetal Echocardiography ultrasound studies and who has directly observed the applicant demonstrate the minimum core clinical skills listed on this form. CV forms cannot be signed by a relative of the applicant. This form must contain original (signed) initials and signatures. Original initials must be included for each numbered skill, above. Facsimiles and photocopies of signatures, initials or the document 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 Verification Statement/Reporting Physician Statement

My signature verifies that I am currently ARDMS registered in the Fetal Echocardiography Specialty or that I am a Reporting Physician practicing in the field of Fetal 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 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. 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 Fetal 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: