

Fall - 2018 Endocrine Certification in Neck Ultrasound (ECNU) Program Application



Application Deadline: **October 6, 2018**

To apply and be accepted for the ECNU Program, the following is required:

- Meet eligibility criteria for the ECNU Program (choose from 7 routes)
- Completed Candidate Information (Section 1 of this form)
- Signed Attestation of Ultrasound Studies (Section 2 of this form)
- CME certificate(s) and/or letters from accredited organization(s) as proof that you have received at least **15.0** hours of *AMA PRA Category I Credits*[™] from one or more Thyroid Ultrasound Course(s) within the past 3 years (Section 3 of this form)
- Signed Candidate Attestation Statement (Section 4 of this form)
- Signed Candidate Confidentiality Agreement (Section 5 of this form)
- Examination Fee (see Section 6 of this form for details)
- For Fellows: Written letter from program director verifying status as Endocrinology Fellow
- For Fellows: Notarized, validated imaging logs of at least 50 ultrasound studies

This application form consists of seven (7) sections (**Section 1.** Candidate Information; **Section 2.** Attestation of Ultrasound Studies; **Section 3.** CME Credits; **Section 4.** Candidate Attestation Statement; **Section 5.** Candidate Confidentiality Agreement; **Section 6.** Application Payment; and **Section 7.** Submitting Your Application). Incomplete applications will be returned unprocessed.

SECTION 1: CANDIDATE INFORMATION

Name: _____
FIRST MIDDLE LAST

Route # for which you qualify to apply for ECNU: _____

Home Address (Do not use PO or business) _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Organization/Company: _____ Job Title: _____

Check one that applies: First Time Applicant Previously Applied but withdrew/canceled Repeat Test Taker

Special Testing Accommodations (STA) for Candidates with Disabilities Request:

If special testing requirements apply, please complete the STA Request Form, and attach with the application. Candidates will be sent a Notice of Approval from ACE included with your Authorization to Test (ATT) letter.

SECTION 4: CANDIDATE ATTESTATION STATEMENT

All candidates must read and sign the following statement. By signing the agreement, you are agreeing to abide by this statement.

I hereby apply for the Endocrine Certification in Neck Ultrasound (ECNU) credential. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, AACE reserves the right to revoke any certification that has been granted on the basis thereof.

I hereby release, discharge, and exonerate AACE, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process, including results or any other decision that may result in a decision to not issue me a certificate.

I understand that applicants to the ECNU Program, or ACE/ECNU certificants, are subject to the certification policies and procedures of ACE and its Certification Council. In order to maintain my certification, I understand that from time-to-time, ACE may amend its requirements, fees, policies, and procedures for certification and recertification.

During my certification and recertification cycle, I agree to notify AACE in writing immediately if I fail to comply with the requirements of the ECNU Program. I also agree to notify AACE in writing of any address or name changes within thirty (30) days after the change becomes effective. If requested to do so, AACE may verify my certification status.

I attest that I meet the eligibility criteria for the ECNU Program, including 15.0 hours of *AMA PRA Category 1 Credits*™ obtained from an approved Thyroid Ultrasound Course(s) within the past 3 years. I further attest that I have performed the required ultrasound studies at the time of my ECNU application.

I understand that any discrepancy in my cases may result in a formal investigation and possible denial or revocation of my certification.

I attest that I have reviewed and understand this handbook.

I acknowledge that I have read and agree to the Attestation Statement.

Signature: _____ Date: _____

SECTION 5: CANDIDATE CONFIDENTIALITY AGREEMENT

All candidates must sign the Candidate Confidentiality Agreement. The agreement follows:

I understand, acknowledge, and agree:

1. That the questions and answers of the Comprehensive Certification Examination (CCE) are the exclusive and confidential property of AACE and are protected by AACE intellectual property rights;
2. That I may not disclose the exam questions or answer or discuss any of the content of the exam materials with any person, without prior written permission and approval of AACE;
3. Not to remove from the examination room any exam materials of any kind provided to you or any other material related to the examination, including any notes or scrap paper;
4. Not to copy or attempt to make copies (written, photocopied, or otherwise) of any examination material, any examination questions or answers;
5. Not to sell, license, distribute, give away, or obtain from any other source other than AACE the examination materials, questions or answers;
6. I agree that my obligations under this Agreement shall continue to be in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination, and whether such termination is voluntary or involuntary.

Signature: _____ Date: _____

SECTION 6: APPLICATION PAYMENT

The appropriate fee must be sent with this application. Fees are **non-refundable** (e.g., in the event you do not complete and submit your application by **October 6, 2018**).

Comprehensive Certification Examination (CCE) Fees:

- AACE Member: \$350
- Non-AACE Member: \$550
- *Fellows/: \$250
**NOTE FOR FELLOWS: A letter from Department Chair verifying status must accompany application.*
- International Testing Site Fee: \$200

Candidate's Complete Name: _____

AACE Member Number: *(If applicable)*: _____

Choose a Payment Method: Check Visa MasterCard AMEX Discovery

Checks must be made payable to the American Association of Endocrinologists (AACE)

Please note: For your protection, the American Association of Clinical Endocrinologists does not accept and will not process credit card information provided via email. Please mail or fax this form to our secured fax line (904) 404-4229.

Credit card payment is accepted in online application process available at <https://www.aace.com/ecnu> under the "Apply" tab.

SECTION 7: SUBMITTING YOUR APPLICATION

Thank you for applying to the ECNU Program. Please forward your application, payment form/examination fee, and other supporting documentation to the mailing address shown below. We recommend that the application package be sent via USPS certified mail, or via a traceable mailing method (e.g., UPS, FedEx, etc.).

Nickie Mizell
Certification Manager
American College of Endocrinology
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202

CANDIDATE APPLICATION CHECKLIST

- Completed ECNU Program Application Form
- Signed Attestations (Sections 2, 3, 4, and 5)
- CME Certificates/Transcripts/Letter from Accrediting Organization(s)
- Payment Application for Examination Fee
- Fellowship Letter from Department Chair Verifying Status (If applicable)
- Imaging logs (if applying under Route 3)
- Documentation confirming eligibility (Board eligible/Board certification letter-Fellows)
- Documentation confirming eligibility (Board Certified- Routes 4-7)