



# Endocrine Certification in Neck Ultrasound (ECNU) Program Validation of Competency Process (VCP) Form

To continue to the Validation of Competency Process (VCP), the following is required:

- Successful completion of Comprehensive Certification Examination (CCE). Documentation and fees submitted for VCP will be returned unprocessed if the candidate has not passed the CCE.
- This completed VCP Form
- VCP Fee: see payment section of this form for details
- 15 ultrasound images and reports (see detailed requirements for images and reports). All patient identifying information **must** be removed from the images and/or reports, prior to submission to the ACE Office.
- Completed and signed Attestation of Ultrasound Procedures Form

The 3-page VCP Form consists of three (3) sections (**Section 1.** Candidate Information, **Section 2.** VCP Payment, and **Section 3.** Attestation of Ultrasound Procedures). Incomplete applications will be returned unprocessed.

## SECTION 1: CANDIDATE INFORMATION

Name:

FIRST

MIDDLE

LAST

CCE Authorization Number:

*Can be found on your CCE score report*

Home Address (Do not use PO Box)

City:

State:

Zip/Postal Code:

Country:

Phone:

Fax:

E-mail:

Organization/Company:

Job Title:

City:

State:

## SECTION 2: VCP PAYMENT

The appropriate fee must be sent with your complete VCP package.

### Validation of Competency Process (VCP) Fees:

- AACE Member: \$900
- Non-AACE Member: \$1,000
- \*Fellows/: \$800

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 "VCP Submission" tab.

### CANDIDATE VCP CHECKLIST

- Completed VCP Form with **3** sections: Candidate Information, VCP Payment, and Attestation
- Signed Attestation for Ultrasound Procedures Form
- Payment Application for VCP Fee
- 15 ultrasound Images and Reports (CD or USB Flash Drive in PowerPoint® format)
- All patient identifying information removed from the images and/or reports **prior** to submission



### SECTION 3: Attestation of Ultrasound Procedures

This attestation must be submitted with your VCP package. Please read the following statement. By signing the attestation, you are agreeing to abide by this statement.

During the past twelve (12) months\*, I attest that I have performed at least: *(please check the appropriate box)*

- 100 total ultrasound studies (70 diagnostic; 30 UGFNA) if performed under the supervision of an ECNU-qualified physician.
- 125 total ultrasound studies (88 diagnostic; 37 UGFNA) if performed without the supervision of an ECNU-qualified physician.
- I additionally attest that the work I have submitted represents work performed by and/or directly supervised by me.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\*EXAMPLE: If you are signing the Attestation Form on December 23, 2013, you are attesting that you have performed the appropriate number of ultrasound studies between December 23, 2012 and December 23, 2013.

**Please mail your completed VCP package via certified USPS mail,  
or via a traceable mailing method to:**

ECNU Certification Manager  
American Association of Clinical Endocrinologists  
245 Riverside Avenue, Suite 200  
Jacksonville, FL 32202

