



Endocrine Certification in Neck Ultrasound ECNU Part 2: Validation of Competency Process Manual

**For candidates who successfully completed the
Comprehensive Certification Examination (CCE)**

The Endocrine Certification in Neck Ultrasound Program is governed by the AACE ECNU Certification Committee. The Committee reserves the right to expand the testing content for the CCE and ECNU validation process as new information or procedures arise over time and become incorporated into the scope of thyroid ultrasound practice. Candidates for ECNU will be notified in advance of any changes.

Version – Fall - 2018

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THE VALIDATION OF COMPETENCY PROCESS (VCP)

I. BACKGROUND

The Validation of Competency Process assesses the physician's level of activity and demonstrated competency in the knowledge and skills required **to interpret and report complete diagnostic ultrasound examinations** (either performed by a supervised ARDMS-certified sonographer or personally by the physician), and **to perform and report UGFNA procedures**.

Successful completion of the Comprehensive Certification Examination (CCE) will entitle the candidate to continue to the Validation of Competency Process (VCP). If the candidate fails the CCE, he/she must retake and successfully pass the examination prior to continuing to the VCP. Documentation and fees submitted for VCP will be returned unprocessed if the candidate has not passed the CCE.

There are two segments to the Validation of Competency Process:

- ① Proper submission of diagnostic-quality ultrasound (US) images with interpretation, (submitted online or **USB Flash Drive, in PowerPoint® format**).
- ② Signed attestation of the total number of US examinations and UGFNA procedures performed by the candidate in the twelve (12) months preceding submission of the required images and reports.

IMPORTANT

All images and reports must be submitted in **PowerPoint® format**. Paper images or reports will **NOT** be accepted.

All original reports must be scanned as they would appear in the patient record and must be HIPAA compliant. If reports are in a language other than English, a **TYPED** English translation is to accompany the original report.

Reports that have been cut and pasted and are not in their original format will be returned.

All images and reports, including cytology, **must contain the original date(s)** the examination or procedure was performed. All cytology reports must have corresponding dates to ultrasound guided FNA procedure reports.

The 15 cases submitted **MUST** be from 15 different patients.

II. VCP FEES

AACE Member: **\$900**

Non-AACE Member: **\$1,000**

Fellows: **\$800**

IMPORTANT

- ❖ Full payment must be submitted with ultrasound reports and completed VCP Form. Reports will not be graded until the fee has been received by the Certification Manager. Do not send advance payment for VCP. Payment must be sent with the complete VCP Package.
- ❖ Complete the VCP payment found in Section 2 of the Validation of Competency Process Form. If paying by check, please make checks payable to the **American Association of Clinical Endocrinologists (AACE)**.



III. INSTRUCTIONS FOR ULTRASOUND PROCEDURE REPORTS

3.1. GENERAL INSTRUCTIONS

Ultrasound examinations may be performed by either the ECNU-qualified physician or by an ARDMS-certified sonographer under the direct supervision of the ECNU-qualified physician candidate. **Although the static images may be obtained by the physician or ARDMS-certified sonographer, it is mandatory that the physician candidate participate in obtaining and viewing the images in real-time ultrasound. The physician candidate must also author the ultrasound reports.**

Again, without exception, the physician candidate must author the ultrasound reports.

Upon notification of successful completion of the CCE, the qualified candidate must submit appropriate ultrasound images for evaluation purposes within the ensuing twelve (12) month period. Ultrasound studies performed prior to passing the CCE may be submitted provided that they meet the criteria for submission, and the studies submitted were conducted in a time frame not to exceed twelve (12) months prior to passing the CCE.

Example: If the CCE was successfully passed in July, 2018, the candidate may submit ultrasound studies performed between July, 2017 and July, 2019.

IMPORTANT

In accordance with HIPAA regulations, all patient identifying information **must** be removed from the **images and/or patient and cytology reports, prior to submission to the AACE office.** Patient identifying information includes name, address, phone number, birth date, social security number and medical record number. Images and reports with patient identifying information **will not** be accepted and will be returned to the candidate unprocessed.

3.2. FORMAT FOR IMAGES AND REPORTS

Ultrasound **images** for evaluation must be technically acceptable, properly annotated, and submitted in **PowerPoint® format only** via the online option which can be found under the "VCP Submission" tab located at www.aace.com/ecnu. If preferred, the application can be submitted via traceable mail (FedEx, UPS, etc) with the cases in a **PowerPoint®** presentation that has been saved on a **CD or USB Flash Drive**. Images and reports submitted on paper will **not** be accepted, and will be returned to the candidate ungraded. All submitted ultrasound examinations **must** be in accordance with the **VCP Instructions for Ultrasound Procedure Reports**.

PLEASE NOTE: A FULL SAMPLE SUBMISSION IS AVAILABLE FOR REVIEW ON THE ECNU RESOURCE CD, AVAILABLE COMPLEMENTARY FROM THE ECNU CERTIFICATION MANAGER

3.2.1 WHAT TO SUBMIT

A total of **fifteen (15)** separate US cases and reports, with a **different patient** for each case. These must include:

1. **Five (5) diagnostic thyroid nodule cases within 3 months of passing the CCE (see VCP manual for submission guidelines). Each case must include at least one (1) nodule 1cm (10mm) or greater.**
2. **Five (5) diagnostic US studies comprised of the following:**
 - a. Two (2) must demonstrate parathyroid adenoma pathology (**verification required**)
 - b. Two (2) must demonstrate a malignant lymph node(s) (**verification required**)
 - c. One (1) must demonstrate autoimmune or Hashimoto's thyroiditis findings
3. **Five (5) UGFNA of thyroid nodule procedures (must include cytology report)**



WHY ARE THE FIRST 5 CASES DUE WITHIN 3 MONTHS?

- To make certain that the candidate is following the submission format required
- As many insurance companies are accepting that the ECNU application is in process, this will provide objective proof that this is being followed.

All ultrasound reports must be in a narrative form!

**Cases not submitted in this format will be returned.
Computer/ultrasound machine-generated reports will be returned.**

IMPORTANT

A physician applying for certification must attest that he/she participated in performing the real-time ultrasound. (See Section IV: Attestation of Ultrasound Procedures)

A patient's US reports/images can only be used **by one physician** for VCP submission. For example, US reports/images previously submitted by Physician A **cannot** be used by Physician B, even if both Physicians A & B participated in real-time ultrasound for the same patient. Physician B must use reports/images from another patient.

The Validation Panel will not accept previously submitted patient reports/cases that have been used by another physician for the VCP. **All U/S reports must be in a narrative form. Cases not submitted in this format will be returned. Please see resource CD for samples submissions.**

3.2.2. HOW TO LABEL/FORMAT VCP SUBMISSION

Each slide in your PowerPoint® submission and each corresponding image **must be labeled** in the manner listed below. All cytology reports must also be labeled. VCP packages that are not labeled in this required format will be returned to the candidate. All images and corresponding reports must contain an original, corresponding date. By complying with the following instructions, the VCP package can be graded in a more timely fashion.

A sample submission and a PowerPoint® Template for submission is available on the ECNU reference CD or available online at <https://www.aace.com/ecnu> under the download tab.

The submission of the VCP Parts 1 & 2 should be a single and continuous PowerPoint® presentation labeled as follows:

- ❖ **Part 1: (Due within 3 months of passing the CCE)**
 - **Cases 1-5:** Thyroid Nodule US
- ❖ **Part 2: (Due within 12 months of passing CCE)**
 - **Cases 6-7:** Parathyroid Adenoma
 - **Cases 8-9:** Malignant Lymph Node
 - **Case 10:** Hashimoto's Thyroid Case
 - **Cases 11-15:** UGFNA of Thyroid Nodules

Each case study in the PowerPoint® presentation should start with the ultrasound report, followed by the cytology reports (if required) and then the corresponding images. Images should be submitted for each case with **one (1) image per slide**. **PLEASE NOTE THAT THE ECNU**



CERTIFICATION PANEL HAS THE RIGHT TO REJECT IMAGES THAT ARE JUDGED TO BE OF INADEQUATE QUALITY.

Each slide associated with the required case study should be clearly labeled in the header with the case number and descriptor. Utilize the ECNU PowerPoint® submission blank available under the download tab at <https://www.aace.com/ecnu>.

For example: Page 1 of your report is on Thyroid Nodule US, make sure you label the top page as follows:

Case 1: Thyroid Nodule US

Case 2: Thyroid Nodule US, etc.

PLEASE utilize the ECNU VCP PowerPoint® submission blanks available for both Part 1 and Part 2 under the download tab at <https://www.aace.com/ecnu>.

3.2.3 WHAT INFORMATION TO INCLUDE IN ALL REPORTS

While some may use a checklist to record ultrasound features, the Ultrasound Reports must:

- Be a separate document and be able to stand alone from any other documentation (specifically should NOT be embedded in progress notes or other reports/notes/documentation).
- Be in a **narrative form, not computer generated or in check-box formatting.**
- Be concise and contain all pertinent **positive and negative** findings.

Reports and accompanying cytology reports must:

- Be typed. Handwritten reports are **not** acceptable.
- Be in English. **If reports are in a language other than English, a typed English translation is to accompany the original report.**
- Contain an original date, corresponding to the date of the FNA biopsy.

Surgical pathology reports must:

- Have date of surgical intervention clearly labeled.

IMPORTANT

All reports and images must be submitted in such a way that the reviewer should not be required to zoom or enlarge the slides in order to make them viewable for grading.

PLEASE NOTE THAT THE ECNU CERTIFICATION PANEL HAS THE RIGHT TO REJECT IMAGES THAT ARE JUDGED TO BE OF INADEQUATE QUALITY.

All reports must be copies of the **original report** as submitted to the patient record, and contain the following information:

1. The indication for performing the exam.
2. Measurement in three dimensions of each Thyroid lobe & A-P measurement of isthmus. The preferred measurement listing order for ECNU VCP reports is Longitudinal/Sagittal x AP x Transverse. If this order is not used, the order of the measurements must be specified on the report.
3. A diagnostic impression or differential diagnosis.



4. Disposition/plan indicating specifically what action is recommended based on the information obtained from the US (e.g., surgery, follow-up in six months, FNA, etc.). Terms like “**Clinical correlation recommended**” are **NOT acceptable**.
5. Signature of the physician (Electronic signature is acceptable)
6. Original date(s) the examination or procedure was performed, with corresponding dates on cytology report.

For additional examples of reports and a full ECNU sample submission, an ECNU Resource CD can be requested from the ECNU Certification Manager at nmizell@aace.com.

3.3. SCORING PROCEDURES AND CONTENT CRITERIA FOR REPORTS AND IMAGES

Certification status will be determined on a pass/fail basis. In addition to the requirements listed for all Ultrasound Reports, there are additional requirements for each category. These are listed below.

All reports will be reviewed by the ECNU Validation Panel and will be graded according to the criteria specified under each category (e.g., Thyroid Diagnostic US Reports, Parathyroid Adenoma Cases, etc.). Points will be deducted from images and reports missing the required information.

The Validation Panel is a peer review panel composed of ECNU certified individuals. In order to ensure an unbiased review process, the identity of the VCP reviewers will not be provided to candidates.

VCP PART 1 (Due within 3 months of passing the CCE)

3.3.1. THYROID NODULE DIAGNOSTIC US REPORTS: Five (5) studies required

IMPORTANT: Each case must include at least one (1) nodule 1cm (10mm) or greater.

Thyroid Nodule Diagnostic US reports must contain the following information:

1. Indication for performing examination
2. Thirteen (13) standard images of the thyroid gland as required in the 2013-AIUM PRACTICE GUIDELINE – Thyroid and Parathyroid Ultrasound (<http://www.aium.org/resources/guidelines/thyroid.pdf>) including
 - Images of each thyroid lobe present in longitudinal and transverse planes
 - Transverse images of the superior, mid, and inferior portions of each lobe.
 - These should be clearly labeled: RIGHT-TRANS-SUP, RIGHT-TRANS-MID, RIGHT-TRANS-INF, LEFT-TRANS-SUP, LEFT-TRANS-MID, LEFT-TRANS-INF
 - Longitudinal images of the medial, mid, and lateral portions each lobe present.
 - These should be clearly labeled: RIGHT-LONG-LAT, RIGHT-LONG-MID, RIGHT-LONG-MED, LEFT-LONG-LAT, LEFT-LONG-MID, LEFT-LONG-MED
 - AP image of isthmus
3. Measurement of each thyroid lobe & isthmus Anterior-Posterior. The preferred measurement listing order for ECNU VCP reports is Longitudinal/Sagittal x AP x



- Transverse. If this order is not used, the order of the measurements must be specified on the report.
4. Description of thyroid parenchyma (homogeneous, heterogeneous, fibrosis, pseudonodules, etc.)
 5. Evaluation of nodules
 - a. Describe echogenicity of nodule(s) (solid/cystic, hypoechoic/hyperechoic, homogeneous/heterogeneous)
 - b. Description of nodule margins (irregular, smooth, halo, invasion, etc.)
 - c. Narrative Description and Grade of Doppler flow within the nodule.
 - For example: Grade 1 (Absent) Doppler flow is seen. Grade 2 (peripheral) Doppler flow is seen. Grade 3 (penetrating) Doppler flow is seen. Grade 4 (Chaotic) Doppler flow is seen.
 - **Note: Doppler Grades are in Arabic numbers, not Roman numerals**
 6. Description and characterization of any abnormal findings on each nodule
 - a. Calcifications (presence or **absence of**)
 - b. Cysts-Description (Simple, complex, mural components)
 - c. Comet Tail artifact
 - d. Posterior Acoustic Enhancement (if relevant)
 7. Comment regarding presence or absence of cervical nodes and description of characteristics if present.
 8. Diagnostic impression
 9. Recommendations for additional studies, procedures or treatment provided

******* IMPORTANT – NEW REQUIREMENT *******

- * **The five (5) thyroid nodule cases must be submitted within three (3) months of successfully completing the CCE.**
- * **PLEASE NOTE, THE ENTIRE VCP PACKET MAY BE SUBMITTED IN TOTO AT ANYTIME, BUT THE 5 NODULE CASES MUST BE SUBMITTED WITHIN 3 MONTHS OF PASSING THE CCE.**
- * **A SAMPLE OF THE SUBMISSION OF THE NODULE CASES WITH THE REQUIRED AIUM IMAGES MAY BE FOUND AT: <https://www.aace.com/ecnu> UNDER THE DOWNLOAD TAB.**

IMPORTANT

At least one (1) Doppler image of each described nodule (Black & White acceptable) **MUST** accompany **each thyroid nodule** case.

VCP PART 2 (Due within 12 months of passing the CCE)

3.3.2. PARATHYROID ADENOMA CASES: Two (2) cases required. Minimum of two (2) images of the parathyroid tumor per case

Parathyroid Adenoma cases must contain the following criteria:



1. Indication for performing examination
2. Basic thyroid measurements and parenchyma description and sagittal and transverse images of each lobe
3. Location of parathyroid gland and supporting images
4. Measurement of parathyroid adenoma. The preferred measurement listing order for ECNU VCP reports is Longitudinal/Sagittal x AP x Transverse. If this order is not used, the order of the measurements must be specified on the report.
5. Echogenicity (hypoechoic, homogeneous/heterogeneous) of parathyroid gland.
6. Doppler image of parathyroid
7. Comment on vascularity of parathyroid (polar artery or vascular pedicle location if applicable or lack thereof)
8. Diagnostic impression
9. Parathyroid **must be verified** by surgery or FNA (PTH in needle washout or confirmatory cytology report)
10. Recommendation for additional studies, procedures, or treatment based on the results of the study, either in the impression or as an addendum to the case. This can be a clinic note, letter to referring physician or an addendum to the original ultrasound report.

IMPORTANT

At least one (1) Doppler image of the parathyroid tumor (Black & White acceptable) **MUST** accompany **each parathyroid** case.

3.3.3. MALIGNANT LYMPH NODE US REPORTS: Two (2) cases required. Minimum of two (2) images as well as a Doppler image of each pathologic node described per case. These must be from the neck but do not have to be of thyroid origin. Please see #9 below.

Malignant Lymph Node US reports must contain the following criteria:

1. Indication for performing examination. If thyroid cancer, the indication should state on which side of the thyroid the primary malignancy occurred (right, left, or bilateral). If this is not known (primary occurred years earlier and records not available), this should be stated.
2. Location (Compartment I thru VI, right or left)
3. Measurement of each pathologic node in three dimensions. The preferred measurement listing order for ECNU VCP reports is Longitudinal/Sagittal x AP x Transverse. If this order is not used, the order of the measurements must be specified on the report.
4. Comment on the shape of the lymph node, specifically whether or not the lymph node demonstrates a round shape. Provide a numerical short to long (normal <0.5) or long to short (normal >2) axis ratio from an image of the node in the longest axis supporting this finding. The longest dimension of a node may be in the sagittal or oblique view. A normal node may be round in transverse but flat in sagittal view – in this case, the ratio should be taken from the sagittal view to reflect the long axis (greatest dimension of node).
5. Comment on echogenicity
6. Evaluation of vascularity (central or peripheral) or lack thereof
7. Provide Doppler image
8. Comment on presence or absence of Hilar line.
9. Comment on presence or absence of calcifications
10. Comment on the presence or absence of cystic changes or degeneration.
11. Diagnostic Impression



12. Malignant Lymph Node **must be verified** by surgery or FNA (positive cytology report, Tg or calcitonin in needle washout, or positive flow cytometry). The pathology report must state “positive for malignancy”. **In addition to metastatic thyroid cancer, lymphoma, squamous cell carcinoma and other metastatic disease involving neck lymph nodes are acceptable as long as it can be confirmed by FNA, open biopsy or surgery.**
13. Recommendation for additional studies, procedures, or treatment/observation based on results of #11, added as an addendum to the case. This can be a clinic note, letter to referring physician or an addendum to the original ultrasound report.

IMPORTANT

At least one (1) Doppler image of the malignant node (Black & White acceptable) **MUST** accompany **each malignant lymph node** case.

**3.3.4. HASHIMOTO’S THYROIDITIS CASE: One (1) case required
Minimum of five (5) images must be submitted (sagittal & transverse of each lobe and transverse of isthmus) as well as sagittal Doppler image of each lobe**

Hashimoto’s Thyroiditis case must contain the following criteria:

1. Indication for performing examination.
2. Measurement of each lobe and Isthmus (Anterior-Posterior). The preferred measurement listing order for ECNU VCP reports is Longitudinal/Sagittal x AP x Transverse. If this order is not used, the order of the measurements must be specified on the report.
3. Description of parenchyma (fibrosis, pseudonodules, etc.)
4. Comment on echogenicity of the thyroid parenchyma
5. Comment on vascularity of the thyroid parenchyma
6. Provide Doppler image, with comment in report of findings
7. Diagnostic impression
8. Recommendations for additional studies, procedures or treatment provided

**3.3.5. ULTRASOUND GUIDED FNA OF THYROID NODULE REPORTS: Five (5) cases required
Minimum of three (3) images per case is required (Image of the target lesion in transverse and longitudinal views, and an additional image of the needle in the target lesion).**

Ultrasound Guided FNA reports must contain the following information:

1. Indication for performing examination
2. Description of target lesion including location
3. Image marked clearly showing needle bevel in target (Use of an arrow in PowerPoint® is acceptable.)
4. Cytology report showing adequate cells
5. Diagnostic impressions based on cytology report
6. Recommendations for additional studies, procedures or treatment.
7. Additional recommendations based on cytology report, added as an addendum to the case. This can be a clinic note, letter to referring physician, or an addendum to the original ultrasound report.
8. Adherence to AIUM Ultrasound Guide Procedure Manual



IMPORTANT

If, after 10 months following successful completion of the CCE, the candidate is unable to submit all 15 cases and is deficient in one case, the candidate may submit a request to the ECNU Committee and request an extension of 3 months to obtain the one remaining case. However, in order to be eligible for this option, all cases with the exception of the missing case must have been submitted and approved.

OR

If the candidate is deficient in submission of one malignant lymph node (MLN) case or one parathyroid case, and all other required cases have been submitted and approved, the candidate has the option of submitting a highly sonographically suspicious lymph node, or a highly representative parathyroid gland/adenoma, even if fine needle aspiration (FNA) or surgery are not considered clinically appropriate and thus pathologist confirmation will not be available. This case may be submitted for review along with an explanation as to why to why FNA or surgery were not performed.

REMINDER

- ◆ **The first five (5) nodule cases must be submitted within 3 months of passing the CCE. Failure to comply with this submission schedule will result in loss of eligibility to continue with the VCP process.**
- ◆ Doppler images as described above (Black & White acceptable) **MUST** accompany **each thyroid nodule, parathyroid adenoma, malignant lymph node and Hashimoto's Thyroiditis** cases. Doppler image is **not** required for UGFNA.
- ◆ In accordance with HIPAA regulations, all patient identifying information **must** be removed from **the images and/or reports, prior to submission to the AACE/ECNU office**. Patient identifying information includes name, address, phone number, birth date, and social security number. Images and reports with patient identifying information **will not** be accepted and will be returned to the candidate unprocessed.
- ◆ **Any reports or images submitted without dates will be returned.**
- ◆ If reports are in a language other than English, a **TYPED** English translation is to accompany the original report.
- ◆ Any cytology reports that do not match the date of the ultrasound guided FNA procedure will be rejected.

3.4. FAILURE TO MEET THE VCP INSTRUCTIONS FOR ULTRASOUND PROCEDURE REPORTS

IMPORTANT

The VCP Panel will reject images and reports that do not meet the criteria specified under the Instructions for Ultrasound Procedure Reports.

The VCP Panel has the right to request additional information about images and reports that do not meet the specified criteria for grading.

The VCP package containing the rejected images will be returned ungraded, and the candidate will be asked to submit corrected images within **ninety (90) days** of receipt of the rejected VCP package.

If the candidate does not submit the images within ninety (90) days, or still does not pass the VCP after resubmission of corrected images, he/she may complete the entire VCP again (including payment of fees and submission of all reports), provided that the candidate completes the certification process **within the required twelve (12) month period** after notification of successfully completing the CCE.



IV. ATTESTATION OF ULTRASOUND PROCEDURES

A signed attestation form must be submitted documenting the total number of US examinations and UGFNA procedures performed in the twelve (12) month period preceding submission of the required images and reports according to the following:

1. Minimum of 100 total US studies (70 diagnostic; 30 UGFNA) if performed under the supervision of an ECNU-qualified physician.
2. Minimum of 125 total US studies (88 diagnostic; 37 UGFNA) if performed without the supervision of an ECNU-qualified physician.

The ECNU Certification Committee reserves the right to request additional information if needed (e.g. billing statements).

A verification process will be performed through the random selection of candidates testing for ECNU certification each year. The verification process is structured to be in compliance with HIPAA regulations. Selected individuals will be required to submit the following for review by the Certification Council:

1. Imaging logs (including date of service and type of exam)
2. Code-specific billing statements or chart notes/reports to verify the total number of exams performed and specific types of exams performed.
3. Validation by an office manager with a notarized signature to attest that all information is accurate.

V. SUBMISSION OF VCP REQUIREMENTS

VCP Application and cases can be submitted online at <https://www.aace.com/ecnu> at the VCP Submission tab. This tab will allow you to complete an online application, submit the appropriate application fee and provide the option of uploading your cases in PowerPoint®.

❖ **Part 1: (Due within 3 months of passing the CCE)**

- **Cases 1-5:** Thyroid Nodule US

❖ **Part 2: (Due within 12 months of passing the CCE)**

- **Cases 6-7:** Parathyroid Adenoma
- **Cases 8-9:** Malignant Lymph Node
- **Case 10:** Hashimoto's Thyroid Case
- **Cases 11-15:** UGFNA of Thyroid Nodules

Cases 1-5 must be contained in **one (1) complete package**.

Cases 6-15 must be contained in one (1) complete package.

❖ **PLEASE utilize the ECNU VCP PowerPoint® submission blanks available for both Part 1 and Part 2 under the download tab at <https://www.aace.com/ecnu>.**

If your VCP package is missing any of the required components, it will not be graded.

IMPORTANT

A complete VCP package must include:

A. Completed/signed VCP Form (see Appendix section)

- Section 1: Candidate Information
- Section 2: VCP Payment
- Section 3: Attestation of Ultrasound Procedures

VCP Submissions can be submitted online at <https://www.aace.com/ecnu> at the VCP Submission tab or manual applications and examination fees can be mailed to:

Nickie Mizell, ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202
Fax: (904) 404-4205

VI. NOTIFICATION OF RESULTS

Upon successful completion of the VCP, you will receive your official notification of certification via postal mail **approximately six (6) to eight (8) weeks after submission of your completed VCP package.**

The AACE confidentiality policy ensures that candidate VCP results are held confidential; therefore, results **CANNOT** be given out over the telephone. **PLEASE DO NOT CALL OR E-MAIL THE AACE OFFICE FOR THIS INFORMATION.**

6.1 CORRECTIONS OR ADDITIONAL INFORMATION REQUIRED FOR REVIEW PROCESS

If corrections are requested by review panel or additional information is needed to complete the review process, candidates will be granted 90 days to make the corrections or submit the additional information.

If corrections or additional information does not meet specified submission criteria, the entire case may be subject to rejection by the review panel.

Review process cannot exceed 15 months following receipt of passing score report.

VII. APPEALS OF REVIEW DECISION

All appeals regarding case submission review(s) must follow these procedures:

- * Appeals must be filed within 10 business days of receipt of the final review.
- * Certification Manager will acknowledge receipt of the appeal letter within 3 business days of receipt from candidate.
- * The ECNU Certification Committee will review the appeal letter, and a response will be forwarded within 15 business days of receipt of the appeal letter. The response will outline the reasons for the approval/denial of the request.
- * The decision on the appeal by the ECNU Certification Committee will be final.

Please send appeal letter to:

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

IMPORTANT

Ultrasound images and reports submitted for the VCP will **not** be returned to the candidate. The AACE/ECNU office will archive the images and reports for a period of six (6) months. After that time, all submitted images and reports will be destroyed.





Failure to Complete the Certification Process

Recertification

Application Instructions

Contact Information



VIII. FAILURE TO COMPLETE THE CERTIFICATION PROCESS

It is the sole responsibility of the candidate to submit all VCP requirements and supporting documentation in order to complete the certification process.

Upon **written notification** of successful completion of the CCE, candidates are given 12-months to complete the ECNU Program (3 months - Part 1, 12 months - Part 2). **The Committee will no longer grant extensions to this 12-month time frame required for completing the Validation of Competency Process.**

The 12-month timeframe begins upon the candidates' receipt of their score reports. The 12-month timeframe does **not** begin on the date that candidates took the examination at a Prometric™ test center.

Example: The CCE was taken on July 10, 2018 and the score report was received on July 31, 2018. The deadline for VCP Part 1 (5 nodule cases) will be August 30, 2018. VCP Part 2 submission deadline will be July 31, 2019.

IT IS RECOMMENDED THAT BOTH PARTS OF THE VCP BE SUBMITTED AT THE CANDIDATE'S EARLIEST CONVENIENCE.

Failure to complete PART 1 within 3 months and the entire certification process within the required **twelve (12) month period** after notification of successfully completing the CCE will result in the loss of certification eligibility, and the individual must reapply for the ECNU Program and pay the required fees.

MEDICAL OUT-OF-OFFICE CIRCUMSTANCES

In the event a candidate experiences an extended time out of the office due to a medical hardship that prevents a candidate from performing ultrasounds, candidates can submit a request for a short extension to complete the VCP process. Medical extension requests will be considered on a case-by-case basis. A candidate seeking a medical extension will be required to provide information to document the medical situation.

IX. CONTACT INFORMATION

QUESTIONS, CHANGE OF ADDRESS OR NAME CHANGE

Please contact the ECNU Certification Manager for questions regarding the ECNU Program or if an address or name change is needed after submission of your application

Nickie Mizell

ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202
E-mail: nmizell@aace.com
Phone: (904) 404-4145
Fax: (904) 404-4205



X. VCP APPLICATION FORM



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 "Apply" 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



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 August 20, 2018, you are attesting that you have performed the appropriate number of ultrasound studies between August 20, 2017 and August 20, 2018.

**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

