

Candidate Handbook and Application

Computer-based examination at Prometric™ sites

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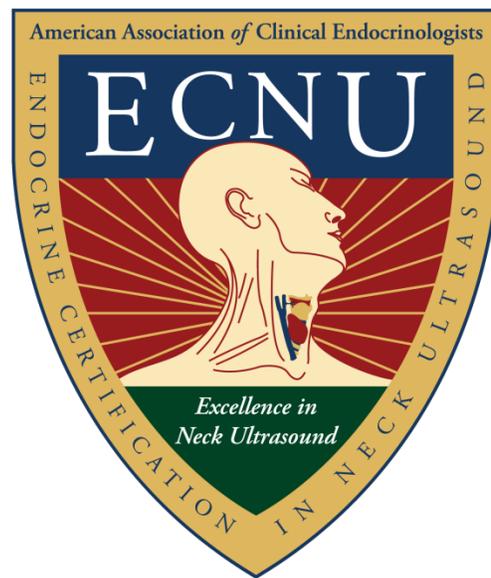
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The Endocrine Certification in Neck Ultrasound (ECNU) Program is governed by the AACE ECNU Certification Committee. The Committee reserves the right to expand the testing content for the CCE and ECNU validation process as new information or procedures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

Nondiscrimination Policy

The American Association of Clinical Endocrinologists (AACE) does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status. The Comprehensive Certification Examination (CCE) will be offered to candidates in environments that meet the standards established by the American Disability Act (ADA).

Please save this Candidate Handbook for future reference.



Endocrine Certification In Neck Ultrasound

I. ENDOCRINE CERTIFICATION IN NECK ULTRASOUND

1.1. BACKGROUND

The American Association of Clinical Endocrinologists (AACE) represents subspecialty physicians who are recognized for their expertise in the care of patients with thyroid and parathyroid diseases. These clinicians routinely perform consultations and diagnostic evaluations for patients with thyroid and parathyroid disorders, which include both diagnostic ultrasound (US) and ultrasound-guided fine needle aspiration (UGFNA). AACE and the American College of Endocrinology (ACE), which is the educational and scientific arm of AACE, recognize that the certification process for US and UGFNA provides assurance for optimal quality in patient treatment outcomes.

This handbook has been developed to provide information needed to apply for the AACE Endocrine Certification in Neck Ultrasound (ECNU) Program. AACE appreciates the significant effort and expense required to participate in this certification program, and our objective is to provide a smooth and positive application process. If further questions arise after reading this Handbook, please contact the ECNU Certification Manager via e-mail ecnu@aace.com. Please also visit the ECNU site at <https://www.aace.com/ecnu>.

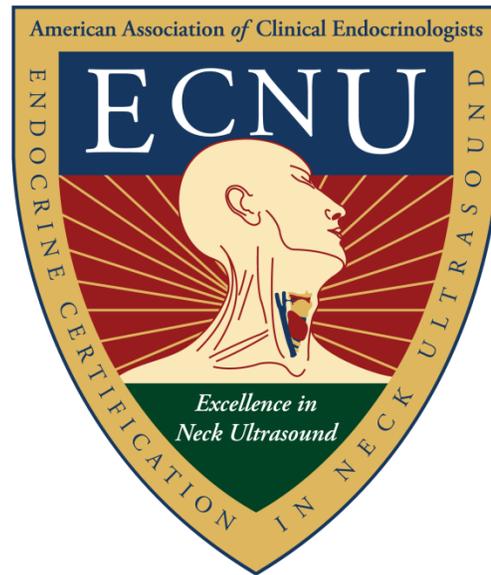
1.2. THE ECNU CREDENTIAL AND ITS IMPORTANCE

Endocrine Certification in Neck Ultrasound (ECNU) is a professional certification in the field of neck ultrasound for physicians who perform consultations and diagnostic evaluations for thyroid and parathyroid disorders through both diagnostic ultrasound and ultrasound-guided fine needle aspiration (UGFNA). The ECNU credential signifies that an individual has passed the Comprehensive Certification Examination (CCE) and successfully completed the Validation of Competency Process (VCP). Successful candidates can use the ECNU designation after their names.

Volunteer content experts representing the American College of Endocrinology worked for several years to develop the ECNU Program. The foundation of the examination is the practice/job analysis conducted by subject matter experts comprised of endocrinologists experienced in ultrasound and sonographers certified by the American Registry of Diagnostic Medical Sonographers (ARDMS), who identified the critical areas and appropriate application of knowledge required of individuals practicing neck ultrasonography and ultrasound-guided FNA procedures. An outline of the content areas covered on the examination can be found under section 7.1 of this Handbook.

ECNU is recognized by the American Institute of Ultrasound in Medicine (AIUM), a preeminent national accreditation body for ultrasound practices. The ECNU credential allows those certified to be directors of their ultrasound laboratory and apply for AIUM practice accreditation. The AIUM ultrasound practice accreditation is a peer review process that examines practices against nationally recognized standards of excellence in training and qualifications of personnel, quality of ultrasound examinations, maintenance and calibration of machines, quality of reports, implementation of protection policies, and regular quality assurance activities. The AIUM recognizes successful completion of the ECNU Program as evidence of sufficient physician training in thyroid/parathyroid ultrasound. Certification and subsequent accreditation in this area may become increasingly important for reimbursement from Medicare and third party payors.

Participation in the ECNU Program is voluntary and open to anyone meeting the eligibility requirements. Membership in the American Association of Clinical Endocrinologists (AACE) is not required. However, AACE members who apply for the ECNU Program enjoy a significant discount on their certification fees.



Pathway to Physician Certification

II. PATHWAY TO PHYSICIAN CERTIFICATION

The ECNU Program is comprised of the following steps. Please note that all candidates **must** satisfy both Step 1 and Step 2 in order to receive the ECNU designation.

STEP 1: Comprehensive Certification Examination (CCE)

The Comprehensive Certification Examination is a multiple-choice, computer-based examination that covers major topic areas in neck ultrasound. Achieving a passing grade on the 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.

To better prepare for the examination, candidates **must** participate in an approved basic thyroid ultrasound course (minimum of 15.0 AMA PRA Category 1 Credits™) within the past 36 months prior to taking the CCE. A partial list of approved basic Neck Ultrasound Courses can be found at <https://www.aace.com/ecnu>.

STEP 2: Validation of Competency Process (VCP)

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 personally by the physician or by a supervised ARDMS-certified sonographer with real time confirmation by physician), and to perform and report UGFNA procedures.

The VCP requires submission of a total of fifteen (15) ultrasound (US) studies and reports, and must be submitted in accordance with the VCP Instructions for Ultrasound Procedure Reports.

Please refer to the Validation of Competency Process (VCP) section of this Handbook for detailed requirements and instructions regarding the validation process (Section IX).

STEP 3: ECNU Program Completion (Issuance of ECNU Certificate and ECNU Designation)

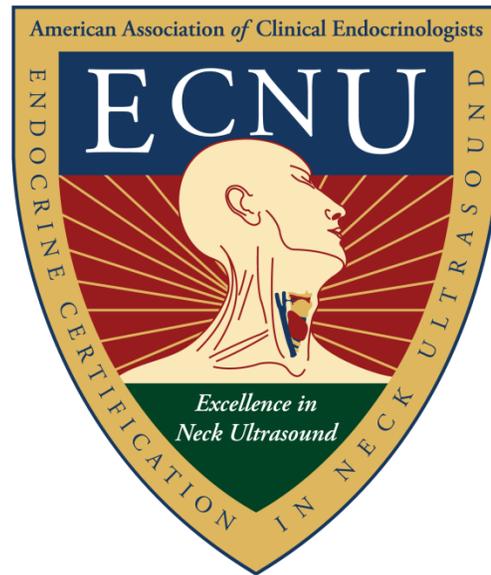
Endocrine Certification in Neck Ultrasound (ECNU) is a professional designation awarded to individuals who meet specific knowledge and procedural requirements, measured through a standardized examination and validation of competency process in diagnostic ultrasound and ultrasound-guided fine needle aspiration (UGFNA).

- Upon successfully completing the VCP, the candidate will have earned the right to use the ECNU designation after his/her name.
- A formal letter, ECNU Certificate, and ECNU lapel pin, will be sent to candidates who have successfully completed the ECNU Program.
- Certification is valid for 10 years.

2.1. TIME FRAME FOR COMPLETING THE ECNU PROGRAM

Upon written notification of achieving a passing score on the Comprehensive Certification Examination (CCE), candidates are given **12 months to complete the ECNU Program**. Failure to complete the VCP process **within 12 months** of passing the CCE or failure to return corrected VCP package by the correction due date will result in the loss of certification eligibility, and the individual must reapply for the ECNU Program and pay the required fees.

- Submission of the **VCP Part 1** (the FIVE (5) thyroid nodule cases) is required within 3 months of passing the CCE. **Failure to submit the cases within 3 months will result in loss of eligibility to submit the remainder of the VCP.**
- Completing the entire VCP submission of the required 15 cases within 6 months is recommended to allow plenty of time for corrections.



Certification Fees

III. CERTIFICATION FEES

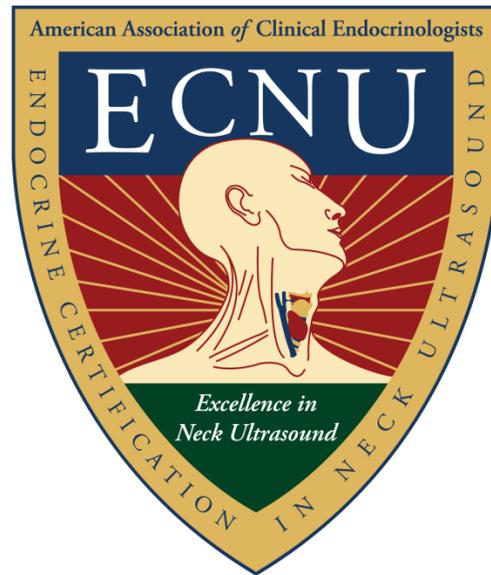
Candidates who wish to obtain the ECNU designation must complete the certification program and pay the fees for both the CCE and the VCP. The fee structure for the ECNU Program is as follows:

CATEGORY	CCE	VCP	TOTAL
AACE Member	\$350	\$900	\$1,250
Non-AACE Member	\$550	\$1,000	\$1,550
*Fellows In Training	\$250	\$800	\$1,050
**International testing site fee	\$200		

***NOTE FOR FELLOWS:** A letter from Department Chair verifying status must accompany application. Fellow’s fees only apply if candidate is in his/her final year of fellowship program. Fellows who have completed the fellowship program will be charged the AACE Member or non-member rate, whichever is applicable at the time of application.

**** INTERNATIONAL TESTING SITE FEE:** For candidates who live outside of the United States, international testing sites are available if desired for an additional fee of \$200.

- Fees for CCE and VCP will be collected separately.
- Your first payment will be for the CCE, and will be invoiced after receipt of the ECNU Program Application.
- Do not submit the VCP fee until you receive official written notification from AACE that you passed the CCE. VCP payments submitted to AACE prior to passing the CCE will be returned to the candidate.
- All fees are **non-refundable**, regardless of whether you pass or fail the CCE or do not complete the certification process within the allotted timeframe (e.g. failure to submit Validation of Competency Process package).



Candidate Eligibility Criteria and Validity of the ECNU Designation

IV. CANDIDATE ELIGIBILITY CRITERIA

The ECNU Program is open to both AACE and non-AACE members. The ECNU Certification Committee has established the eligibility criteria to qualify for the ECNU Program. Candidates applying for the ECNU Program may qualify through one (1) of the six (6) routes outlined on the next page and must satisfy **all** requirements for the chosen route to be eligible for ECNU.

Route	Criteria
Route 1	Endocrinologists with formal training in the subspecialty of endocrinology with attainment of board eligibility/board certified status; *full time activity in the various fields of endocrinology, metabolism and diabetes as a clinician, academician, research physician or any combination of these. Documentation of board status is required. *Full time activity refers to full time focus, not the hours spent in practice in a day/week. For example, an endocrinologist may work part-time, but dedicates 100% of his/her activities in the various fields of endocrinology, metabolism, and diabetes.
Route 4	Cytopathologists with formal training in the subspecialty of cytopathology with attainment of board-certified status under the American Board of Pathology (ABP). Documentation confirming board status is required.
Route 5	Endocrine Surgeons with formal training in the subspecialty of endocrine surgery with attainment of board-certified status under the American Board of Surgery. Documentation confirming board status is required.
Route 6	Otolaryngologists/Head and Neck Surgeons with formal training in the diagnosis and treatment of diseases related to ear, nose and throat, and related structures of the head and neck, with attainment of board-certified status under the American Board of Otolaryngology. Documentation confirming board status is required.
Route 7	Radiologists with formal training in the subspecialty of radiology with attainment of board-certified status under the American Board of Radiology. Documentation confirming board status is required.

If applying under Routes 1, 4, 5, 6, or 7 you must:

- A.** Have attended CME-accredited, approved basic or advanced Thyroid Ultrasound Course(s) in which you have received at least **15.0** hours of *AMA PRA Category 1 Credits™* **within the past 36 months** prior to applying to the ECNU Program.

At least 10 of the 15 approved CME hours **must** come from a comprehensive in-person ultrasound course. This can be an introductory/basic or an advanced course but must include both didactic (lecture) **and** lab sessions with hands on neck imaging as well as USGFNA instruction on neck phantoms.

CME hours can be obtained from one or multiple courses and can be earned from an AACE or other organizations’ Thyroid Ultrasound Course(s). **Copy/copies of CME certificate(s) must be submitted with the ECNU Program Application.**

- B.** Be currently performing at least **100 ultrasound studies per year** (70 diagnostic; 30 UGFNA). **Studies should include parathyroid ultrasound and thyroid cancer lymph node mapping in the neck.** A signed attestation is required upon application. See Attestation Statement.
- C.** Submit a complete ECNU [Program Application](#).

ROUTE 3: Fellows

Endocrinology fellows/trainees or endocrine surgeons in training: Physicians who have completed a minimum of one year of fellowship in endocrinology or endocrine surgery training, or who have participated in additional, post-graduate endocrinology training or research may apply for the ECNU Program with written verification of status from their program director.

If applying under this route, you must:

- A. Have attended CME-accredited, approved basic Thyroid Ultrasound Course(s) in which you have received at least **15.0** hours of *AMA PRA Category 1 Credits™* **within the past 36 months** prior to applying to the ECNU Program. CME hours can be obtained from one or multiple courses and can be earned from an AACE or other organizations’ Thyroid Ultrasound Course(s). **Copy/copies of CME certificate(s) must be submitted with the ECNU Program Application.**

Note: Fellows who have attended Endocrine University® within the past 3 years may use the CME credits obtained from the Neck Ultrasound and UGFNA portion of the curriculum. If the CME credits are less than the 15-hour requirement for ECNU, additional CME hours must be provided.

- B. Submit notarized, validated imaging logs (signed by program director) of at least 50 ultrasound studies (35 diagnostic; 15 UGFNA). **Studies should include parathyroid ultrasound and thyroid cancer lymph node mapping in the neck.** Logs submitted to the AACE Office must be HIPAA-compliant and include the following information: total number of exams performed, date of service, type of exam, location, results/diagnosis and recommendations. Logs must be submitted with the ECNU Program Application. **Studies must document required participation of the candidate in interpreting the images and generating a report.**

The 50 US studies must be performed prior to applying for ECNU and during the fellowship training program.

- C. Submit a signed attestation confirming that you have performed at least 50 of the required ultrasound studies at the time of your ECNU Application, and affirm your understanding that the remaining 50 ultrasound studies must be completed within the 12-month period after passing the Comprehensive Certification Examination (CCE).
- D. Submit a letter on department stationary from your program director, verifying your status as an Endocrinology or Endocrine Surgery Fellow.
- E. Complete the online [ECNU Program Application](#)

-- FOR ENDOCRINOLOGY OR ENDOCRINE SURGERY FELLOWS--

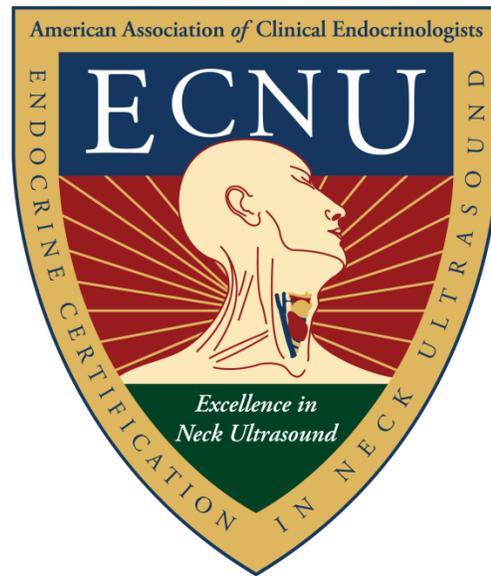
If you have completed an endocrine fellowship program, but have not taken the endocrinology board, a certificate of fellowship program completion must be submitted with your application.

V. DURATION OF VALIDITY OF THE ECNU DESIGNATION

The ECNU designation is valid for ten (10) years. The ECNU certification validity period will begin the first January **after** the year in which the ECNU designation is awarded. (January 1, ten (10) years later to complete the recertification requirements.)

EXAMPLE

If you obtain your ECNU designation December 1, 2019, your recertification period will begin January 1, 2020 and you will need to complete all recertification requirements prior to January 1, 2030, when your certification will expire.



The Comprehensive Certification Examination (CCE) Process

VI. THE COMPREHENSIVE CERTIFICATION EXAMINATION (CCE) PROCESS

6.1. DEADLINES

Completed applications must be submitted and all fees paid by the deadline listed on the AACE website to be eligible for the examination. Incomplete applications will not be processed and will be returned to the applicant. The CCE is computer-based and offered at Prometric™ sites conveniently located throughout the United States.

Upon acceptance of application, a written notification in the form of an Authorization to Test (ATT) letter will be mailed to the candidate and the candidate will schedule the examination with Prometric™, the test vendor. Information regarding examination scheduling will be included in the candidate's ATT letter. For more information on Prometric™, please go to www.prometric.com.

6.2. Section 6.2 has been omitted.

6.3 EXAMINATION APPLICATION PROCEDURE

1. Candidate must complete the ECNU Program Application and signatures on the Attestation and Confidentiality Statements. All required documentation must be submitted with the application (e.g., CME certificates/letters for 15.0 hours of CME credits obtained from one or more basic Thyroid Ultrasound Courses within the past 36 months, written verification of fellowship status, etc.) Incomplete applications and those without the required supporting documentation will be returned unprocessed.
2. AACE will review all applications. Qualified candidates will receive an invoice for the CCE portion of the ECNU certification program. **Fees are non-refundable.**
3. Once the candidate's application has been reviewed and accepted, and fees paid, the candidate will be sent an Authorization to Test (ATT) letter, no later than two weeks before the test window. Instructions on how to schedule an exam with Prometric™ will be included with the ATT.
4. Candidate must complete the online registration process with Prometric™. Once completed, an electronic confirmation will be sent to the candidate containing the candidate's name, authorization number, address of the nearest test center, the date and time of the test, and name of the test.

Note: If a candidate loses the confirmation or has not received a confirmation two weeks before the test date, he/she should contact Prometric™ at 1-800-479-6376.

Applications can be submitted online at: <https://www.aace.com/education/apply-ecnu>

6.4. EXAMINATION SCHEDULE

Candidates must report to the test center no later than 15 minutes before the scheduled time of the examination and will be given two **(2) hours** to complete the examination. There are **no** scheduled breaks.

6.5. REQUIRED IDENTIFICATION

The following documents must be presented to take the exam:

- **One form of photo ID with signature. If primary presented ID does not contain a signature, a second form of ID with signature will be requested:** current, non-expired driver's license, passport, medical license, or another government-issued photo ID.
- **Authorization to Test (ATT) letter:** The name and address on the photo ID must match the name and address listed on the ATT. Contact Certification Manager to report any address changes that occur after application has been approved.
- Candidates without an Authorization to Test (ATT) and a valid ID with signature will NOT be permitted to enter the test center and their examination fees will be forfeited.

6.6. TESTING CENTER RULES

The following rules are enforced at all test administrations:

See the Prometric website for a complete list of the testing rules. Below is a summary list. It is your responsibility to make sure you know and understand the rules as stated by Prometric.

- All candidates must have proper photo ID **with signature** to be able to take the exam.
- Candidates will be admitted only to their assigned test center.
- Candidates arriving less than 15 minutes prior to the scheduled time of the exam will not be admitted.
- No guests are permitted in the examination rooms.
- No reference materials, books, papers, or personal items (purses, briefcases, coats, etc.) are allowed in the examination room.
- No electronic devices are permitted in the assessment site, including telephones, signaling devices such as pagers and alarms, personal digital assistants (PDAs) and other hand-held computers.
- No weapons or instruments that may reasonably be used as weapons may be brought into the examination room.
- No test materials, documents, or memoranda of any sort are to be taken from the examination room.
- Candidates may not communicate with other candidates during the examination. Test Center Administrators (TCA) are authorized to maintain secure and proper test administration procedures, including relocation of candidates.
- No questions concerning the content of the examination may be asked during the testing period.
- Candidates will be provided with a survey at the end of the exam to comment on the exam administration.
- Food and beverages are not permitted in the assessment center. Tobacco products and gum may not be used during the examination.
- Breaks are not scheduled during the exam. Candidates are permitted to take breaks on an individual basis, but no additional time is allotted to candidates who take breaks, for completing the exam. Candidates who must leave the testing room must receive permission from the Test Center Administrator and may be escorted while outside the testing room.
- Candidates will not be allowed to talk during rest room trips. Those who violate this requirement will be denied re-admittance to the testing room, forfeit all fees, and will not have their exam scored.
- Test Center Administrators cannot take and/or relay phone messages to candidates during the testing period.

Medical Supplies Allowed in the Test Room:

- A candidate may bring a medical device into the test room if it is physically attached to the body. For example, insulin pump. Test Center Administrators (TCA's) will visually inspect the device to make sure it is not a recording device of any kind.
- **Unless expressly prohibited**, candidates may bring emergency medicine into the test room, including nitroglycerin tablets, and inhalers. The TCA will inspect these items to confirm that they do not contain any notes or anything that could possibly compromise the examination.

Special Testing Accommodations:

If you require special accommodations or assistance while at the testing center, please visit the Prometric site and complete their “Special Testing Accommodations” form.

6.7. EMERGENCIES

Every attempt will be made to administer all examinations as scheduled. However, should any problems occur, due to the testing vendor, the examination will be rescheduled at no cost to the candidate.

6.8. NO SHOW, LATE ARRIVAL, INCLEMENT WEATHER, AND RESCHEDULING

Candidates who have scheduled with Prometric™ and are unable to sit for the examination at the assigned time must notify the AACE Certification Manager at least 48 hours in advance of the scheduled examination date. **Please do not contact Prometric™. The AACE/ECNU office must make any changes to the candidate’s appointment.**

IMPORTANT

- If advance notice is received 48 hours prior to **scheduled test**, the candidate may have the registration moved to another exam administration for a fee of **\$25** OR cancel the examination with a refund of the examination fee minus a **\$150** administrative fee.
- If notice is not received 48 hours prior to the scheduled exam or candidate fails to show for their scheduled exam, the registration **will NOT** be moved to another exam administration, nor is the examination fee refunded.
- Candidates will not be permitted to take the exam if they arrive less than fifteen (15) minutes before the scheduled time of the exam. The examination fee will be forfeited.
- If the exam cannot be administered, or if a candidate is unable to arrive at a designated exam site due to inclement weather, terrorist acts, natural disaster, or other unforeseen emergencies beyond the control of the test vendor and the candidate, as determined by the ECNU Certification Committee, the candidate may receive an extended testing window (to be determined on an individual basis) and will be allowed to reschedule the exam without being charged a reexamination fee. Candidates will be responsible for their own associated expenses for future testing (travel, hotel, food, etc.).

6.9. CONDUCT DURING THE EXAMINATION

Any individual found by the ECNU Neck Ultrasound Certification Committee, at its sole discretion, to have engaged in conduct which subverts or attempts to subvert the examination process may have his or her scores on the examination withheld and/or declared invalid, and/or be subject to the imposition of other appropriate sanctions by the Committee.

Conduct which subverts or attempts to subvert the examination process includes:

- Conduct which violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensing examination; aiding by any means in the reproduction or reconstruction of any portion of the licensing examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a current or future examination.
- Conduct which violates the standard of test administration, such as communicating verbally or otherwise with any other examinee during the administration of the examination; copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the examination; having in one's possession during the administration of the examination any book, notes, written or printed materials, or data of any kind, other than the examination materials distributed or specifically listed as approved materials for the examination room.
- Conduct which violates the credentialing process such as falsifying or misrepresenting educational credentials or other information required for admission to the examination; impersonating an test taker, or having an impersonator take the examination on one's own behalf.

VII. THE EXAMINATION STRUCTURE

AACE/ECNU offers the Comprehensive Certification Examination (CCE) in neck ultrasonography for physicians who perform consultations and diagnostic evaluations for thyroid and parathyroid disorders through both diagnostic ultrasound and ultrasound-guided fine needle aspiration (UGFNA).

7.1. CONTENT OUTLINE

The examination will cover the following major topic areas:

- I. Principles of Ultrasound Imaging – 15%
- II. Neck Anatomy – 15%
- III. Thyroid Pathology – 34%
- IV. Parathyroid Pathology – 10%
- V. Lymph Node Pathology – 10%
- VI. Ultrasound-Guided Fine Needle Aspiration (UGFNA) – 16%

7.2. EXAMINATION SPECIFICATIONS

The CCE is a multiple-choice, **computer-based** examination consisting of 100 questions. Candidates should answer each question by selecting the best alternative from the four choices presented. Each correctly answered question is one point, and points are not deducted for incorrect answers. There is no extra penalty for wrong answers or for guessing on the examination, therefore, every question should be answered. Candidates are given two (2) hours to complete the examination.

7.3. SAMPLE QUESTIONS (Correct answers are in **bold**)

1. A 45-year-old patient is found to have a 1 cm nodule in the thyroid. Which of the following ultrasound characteristics would necessitate an ultrasound-guided FNA?
 - (A) Nodule has a spongiform appearance
 - (B) Patient has history of XRT for Hodgkins therapy at age 15**
 - (C) Nodule has comet tail artifact
 - (D) Nodule has eggshell calcifications

2. A 25-year-old patient is seen for follow-up three years after having a total thyroidectomy for papillary thyroid cancer. An ultrasound reveals a lymph node in the lateral neck at Level II. What ultrasound characteristic of the lymph node would NOT warrant an ultrasound-guided FNA?
 - (A) Central hilar line**
 - (B) Coarse calcifications
 - (C) Cystic degeneration
 - (D) Vascularity in the periphery

3. A patient presents with serum calcium of 12 mg% and a PTH of 125. Ultrasound shows a mass posterior to the thyroid. What ultrasound characteristic would the sonologist expect to find?
 - (A) Mass is hyperechoic
 - (B) Power Doppler shows mass is avascular
 - (C) A hyperechoic line separates mass from thyroid**
 - (D) Mass is heterogeneous

7.4. REFERENCES

The examination questions are mapped to the references listed below:

Please note: This is a non-inclusive list

Reference List

1. AACE Ultrasound Course Syllabus
2. Sipos JA. Advances in Ultrasound for the Diagnosis and Management of Thyroid Cancer. *Thyroid* 2009; 19:1363-1372.
3. Baskin HJ. New Applications of Thyroid and Parathyroid Ultrasound. *Minerva Endocrinol* 2004;29:195-206
4. Baskin HJ, Duick DS and Levine RA. Thyroid Ultrasound and Ultrasound-Guided FNA, 3rd edition, Springer Publishing. 2013.
5. Rosario PW. Ultrasonography for the Follow-up of Patients with Papillary Thyroid Carcinoma: How Important is the Operator? *Thyroid* 2010; 20: 833-839.
6. Ahuja A, Ying M. (2002) An Overview of Neck Node Sonography. *Investigative Radiology* 37; 333-342.
7. Papini E, Guglielmi R, Bianchini A, Crescenzi A, Taccogna O, Nardi F, (2002) Risk Of Malignancy In Nonpalpable Thyroid Nodules: Predictive Value Of Ultrasound And Color-Doppler Features. *J Clin Endo Metab* 87:1941-1946.
8. Frasoldati A, Presenti M, Gallo M, Coroggio A, Salvo D, Valcavi R. (2003) Diagnosis Of Neck Recurrences In Patients With Differentiated Thyroid Carcinoma. *Cancer* 97; 90-96.
9. Mandel S. Diagnostic Use of Ultrasonography in Patients with Nodular Thyroid Disease. *Endocrine Practice* 2004;10:246-252.
10. Management Guidelines for Patients with Thyroid Nodules and Differentiated Thyroid Cancer. *Thyroid* 2009.

VIII. EXAMINATION RESULTS

8.1. NOTIFICATION OF RESULTS

Candidates will be officially notified of the Comprehensive Certification Examination (CCE) results via **email**, within approximately four to six weeks **following the close of the examination window**. No results will be provided by telephone, fax, or e-mail. Scores will be released **ONLY** to the individual candidate.

IMPORTANT

If you wish to authorize a person to inquire regarding the status of your application and/or results, a copy of the proof of power of attorney must be submitted to the ACE Office. Only persons authorized as power of attorney may act on behalf of a candidate. Inquiries from unauthorized individuals will not be considered.

8.2. CUT SCORE (PASSING SCORE)

The passing score, or cut score, was established through a Passing Score study. AACE has contracted with Prometric™ to conduct the study and convene a panel of subject matter experts (SMEs) in the field of thyroid ultrasound. During the process, the panel was presented with the final standard of minimal knowledge, skills, and abilities composed of specific statements about what the candidate needed to know to be considered minimally acceptable for certification, as developed in the test development process. After reaching consensus on the definition of the minimally qualified candidate, the panel rated each question in reference to the proportion of minimally qualified candidates that will get the answer right.

A summary report documenting the methods and results of the standard setting study was then presented to the ECNU Certification Committee. The report outlined the discussion conducted with the panel of experts regarding selection of the recommended cut score for the exam. Upon approval of the recommended cut score by the ECNU Certification Committee, the minimum score necessary to pass the CCE was established. The passing score is reflective of the minimum amount of knowledge in this field required to pass the examination.

When the relative merits and drawbacks of various cut score possibilities are evaluated, it is important to consider that each possible cut score will have some degree of decision error.

- Setting a cut score too low undermines the purpose of credential testing by permitting a large number of people who are not minimally competent to practice in the field.
- Setting a cut score too high helps ensure no true “not qualified” candidates pass but creates an injustice by preventing many candidates who are minimally competent from becoming credentialed after preparation for the test.

8.3. SCORING PROCEDURES

The minimum passing score for the ECNU Comprehensive Certification Examination (CCE) is a scaled score. All questions on the examination are weighted equally during scoring. The use of scaled scores is an established practice for many state and national examinations. It allows the use of a passing score, which can remain constant from one examination to the next. While this procedure does not affect whether an examinee passes or fails, it will better enable comparison of the results from one administration to another.

The CCE scale score range is 200 to 800 and a total scaled score of 500 is needed to pass the examination. If the candidate passes the examination, his/her results will NOT include a numeric scale score. It will only contain a statement that he/she passed. The examination is designed as a minimum competency test for credentialing purposes and is not intended to distinguish between passing scores. This policy is established as a safeguard against misuse of the examination scores by passing candidates.

If the candidate fails the examination, his/her results will include a total failing scale score. The candidate's score report will also contain diagnostic levels in each of six sub score categories based on the six content areas outlined in this Handbook.

Principles of Ultrasound Imaging

- Neck Anatomy
- Thyroid Pathology
- Parathyroid Pathology
- Lymph Node Pathology
- Ultrasound-Guided Fine Needle Aspiration (UGFNA)

Sub score results are reported in three diagnostic levels: Proficient, Marginal, or Deficient. To avoid confusion with total examination scores, the percentage of questions you answered correctly in each sub score area is not reported. Pass/fail decisions are not made using sub scores because sub scores alone do not provide sufficient information for pass/fail decisions.

Diagnostic Level Descriptions

- Deficient: The score obtained is below an acceptable level; substantial study of this content area is recommended prior to retaking the examination.
- Marginal: The score obtained is marginally unacceptable understanding in this domain does not appear to be strong, and additional study is suggested.
- Proficient: The score obtained in this domain is *at or above* the acceptable level; The candidate has demonstrated an acceptable understanding of the domain. A review of this area may be helpful prior to retaking the examination.

8.4. QUESTIONS ABOUT THE EXAMINATION

Candidates have two options to raise questions regarding the examination:

- * Candidates will receive a survey at the end of the examination, and may use this opportunity to express comments and questions about the examination.
- * Candidates may forward their comments in writing, to AACE/ECNU (c/o Certification Manager) within 10 business days after the examination.

IMPORTANT

All questions regarding the examination will be reviewed by the ECNU Neck Ultrasound Certification Committee, and candidates will receive an individual response following the Council review.

8.5. REEXAMINATION INFORMATION

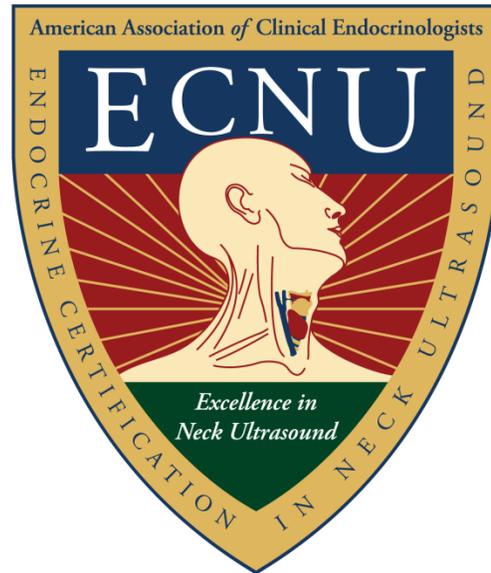
If a candidate fails the CCE, he/she may retake the examination the next time it is offered by AACE/ECNU. Such registration will be subject to the current guidelines and fees established by AACE.

8.6. APPEALS

All appeals regarding examination scores must follow these procedures:

- Appeals must be filed within 15 business days of receipt of the score report.
- An appeal letter must be sent to AACE/ECNU via postal mail, stating the specific issue/concern and the reason(s) for the appeal. Letters sent via e-mail or fax will not be processed.
- 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.

Please send appeal letter to:
ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202



The Validation of Competency Process (VCP)

IX. THE VALIDATION OF COMPETENCY PROCESS (VCP)

9.1. 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) entitles 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.

Segments of the Validation of Competency Process

1. Proper submission of diagnostic-quality ultrasound (US) images with interpretation, (submitted online **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: Report Formatting

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.

9.2. VCP FEES

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

Payment Guidelines

- Candidates will be invoiced for the appropriate fees after submission of the online VCP form located at: <https://www.aace.com/education/apply-ecnu> under the VCP Submission Form tab.
- Reports will not be graded until the fee has been received by the Certification Manager. Do not send advance payment for VCP.

9.3. INSTRUCTIONS FOR ULTRASOUND PROCEDURE REPORTS

9.3.1. 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 be the author of the original 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.

Adherence to HIPPA Regulations

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.

9.3.2. 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: <https://www.aace.com/education/apply-ecnu> under the VCP Submission Form tab. 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.**

A. 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)

B. Why are the first five cases due within three months?

1. To make certain the candidate is following the required submission format.
2. Many insurance companies are accepting the ECNU application is in process, if required the first five cases 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 IX: 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.**

C. 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 timely fashion.

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.

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 templates available for both Part 1 and Part 2 available for download at <https://www.aace.com/education/apply-ecnu>

C. 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.

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.

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 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.

9.3.3. 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)

A. 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 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

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

A sample of the submission of the nodule cases with the required AIUM images may be found at:
<https://www.aace.com/education/apply-ecnu>.

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

C. 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.

D. 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

E. 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.

Request for extension

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, to be eligible for this option, all cases except for 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 FNA or surgery were not performed.

Remember:

- ✓ **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.

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

- 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.

9.5. 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:

- Minimum of 100 total US studies (70 diagnostic; 30 UGFNA) if performed under the supervision of an ECNU-qualified physician.
- 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.

9.6. This section has been omitted.

9.7. 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.**

9.7.1 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.

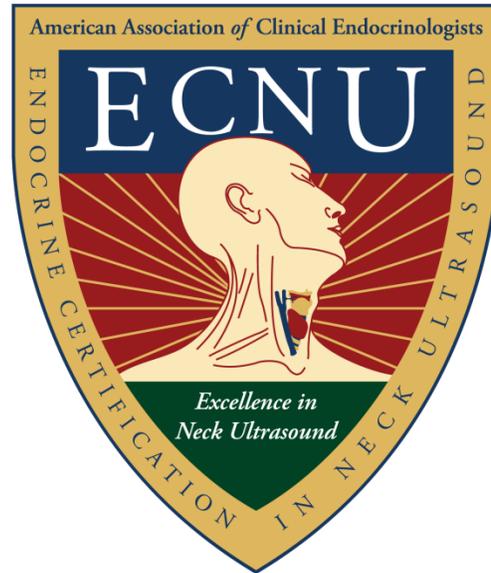
9.8. APPEAL OF REVIEW DECISION

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.

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

X. 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.**

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 may 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.