



# AIUM Ultrasound Practice Accreditation Update Form

All information and related materials contained herein are **subject to change without notice**.

Always refer to [our website](#) for the current requirements of Ultrasound Practice Accreditation.

---

Practice Name

---



---



---

Practice Address

The fee associated with each type of update is listed below.  
 If applicable, a payment form will be provided to you after your update form is received:

<input type="checkbox"/> Update Current Site Name(s) and/or Address(es) or Remove accredited site from account	<p><b>No fee.</b></p>
<input type="checkbox"/> Addition or Deletion of Ultrasound Staff: <ul style="list-style-type: none"> <li>● <i>Physicians</i></li> <li>● <i>Chiropractors</i></li> <li>● <i>Advanced Clinical Providers</i></li> <li>● <i>Physical Therapists</i></li> <li>● <i>Sonographers</i></li> </ul>	<p style="text-align: center;"><b>No fees or case studies required.</b></p> <p style="text-align: center;">* * *</p> <p style="text-align: center;"><b>IMPORTANT!</b></p> <p style="text-align: center;">Unless a physician completed residency or fellowship within the past 36 months of submitting this update form, CME credits must be included at the time of submission. Additional information on page 4.</p> <p style="text-align: center;">CME credits for Advanced Clinical Providers and Physical Therapists must be included with this update form at the time of submission.</p>
<input type="checkbox"/> Addition of New Site(s) or Mobile Unit	<p style="background-color: yellow;"><b>Case studies required.</b></p> <p style="background-color: yellow;"><b>\$895 per site/mobile.</b></p>
<input type="checkbox"/> Addition of New Specialty or Adjunct	<p style="background-color: yellow;"><b>Case studies required.</b></p> <ul style="list-style-type: none"> <li>• If <u>currently</u> accredited in GYN and seeking to add 3D adjunct – <b>\$300</b>.</li> <li>• Accredited practices seeking <u>initial</u> GYN accreditation (with or without 3D adjunct) and all other specialties or adjuncts: <b>\$895 per specialty/adjunct</b>.</li> </ul>

**I certify that all information contained herein is accurate and that the policies and procedures of this practice uphold the requirements for accredited ultrasound practices as stated by the AIUM Ultrasound Practice Accreditation Council:**

<b>Printed Name</b> Physician Director of US		<b>Date</b>	
<b>Signature</b> Physician Director of US		<b>Email</b>	
		<b>Telephone</b>	

# Update Current Site Names/Addresses or Remove a Site

*Attach duplicate pages as needed.*

If the names or addresses of any sites **currently listed** on your accreditation account have changed, please provide the information required below.

**\*\*If you wish to order certificates reflecting any of the site name changes below, please indicate that in your e-mail with this update form and we will provide you with a Certificate Request Payment Form**

Current Site Name →	New Site Name
Current Site Address →	New Site Address
Old Phone/Fax →	New Phone/Fax

Current Site Name →	New Site Name
Current Site Address →	New Site Address
Old Phone/Fax →	New Phone/Fax

## Remove Accredited Site from Your Account

Attach a signed/dated letter from the Physician Director of Ultrasound stating the name/address and reason the site is to be removed from your account.

# Overview of Staff Additions and Deletions

---

**Staff ADDITIONS:**

	Name	Physician or Sonographer? (P / S)	Hire Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**Staff DELETIONS:**

	Name	Physician or Sonographer? (P / S)	Retire Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

# Instructions for Adding New Physicians

---

1.) **Each new interpreting physician must complete the following pages:**

- Page 5 – “Biographical Information for New Physicians”

2.) **Attach the following required supporting documentation for each new interpreting physician:**

1. copy of current medical license
2. copy (or clear photo) of residency and/or fellowship certificate(s)
3. copy of board certification(s), if relevant
4. appropriate CME credits (Submit CME certificates. If credits were obtained through AIUM, just submit a copy of the physician’s AIUM CME Tracker:
  - Whether CME credits must be submitted at this time and how many is based on how the physician meets the relevant ‘[Physician Training Guidelines](#)’ for the ultrasound specialties they interpret for your practice (in which your practice is currently accredited, or seeking accreditation via this update form).
  - CME credits must be AMA PRA Category 1 Credits™ or American Osteopathic Association Category 1A Credits, earned within the past 36 months, and obtained specifically in the ultrasound specialties the physician interprets at your practice (in which you are currently accredited or seeking accreditation via this same update form).
    - For example, a physician cannot submit abdomen/general or musculoskeletal ultrasound CME credits if the practice is only accredited in/seeking accreditation in OB/GYN ultrasound.
  - Physicians with structured training in each of the specialty areas for which they interpret (in which the practice is accredited) that occurred more than 36 months ago may provide a representative sample of ultrasound CME totaling 30 credits.
    - For example, if a physician interprets OB and GYN ultrasound, they would submit 15 OB ultrasound and 15 GYN ultrasound CME credits for a total of 30.
  - Please note - SDMS credits are not applicable to AIUM Accreditation.

# Biographical Information for New Physicians

**Complete ALL SECTIONS and attach required documents highlighted on page 4.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Specialty practiced \_\_\_\_\_

Second specialty or subspecialty practiced \_\_\_\_\_

Residency and fellowship training (provide location, specialty, and dates):  
\_\_\_\_\_

Board certification(s), if any. (provide specialty and dates):  
\_\_\_\_\_

E-Mail Address for this physician:  
\_\_\_\_\_

- 1.) Provide the average YEARLY case volumes for this interpreting physician. Only provide annual volumes for the ultrasound specialties they interpret in which your practice is currently accredited or in which you are seeking accreditation via this update form. **The yearly volume should be inclusive of ultrasounds performed/interpreted at any place of employment and/or residency/fellowship that fell within the past year.**

**Available Specialties:** OB-1st; OB-2nd; OB-3rd; OB-Detailed 2nd; OB-Detailed 1st; Fetal Echo; GYN-Standard; 3D-GYN; Breast; Abd/Gen; Contrast-Enhanced; Thyroid/Neck; Urology; Female Pelvic Floor; MSK-Diagnostic; MSK-Interventional; US-G Anesthesia; POCUS

Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_ Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_

Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_ Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_

Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_ Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_

Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_ Specialty \_\_\_\_\_ Yearly Volume \_\_\_\_\_

- 2.) Indicate this physician's involvement with the ultrasound functions of your practice (mark all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Interpretation of ultrasound examinations | <input type="checkbox"/> Performance of ultrasound-guided procedures                       |
| <input type="checkbox"/> Equipment maintenance                     | <input type="checkbox"/> Performance of ultrasound examinations                            |
| <input type="checkbox"/> Quality assurance                         | <input type="checkbox"/> Peer review   |
|  | <input type="checkbox"/> Supervision of other personnel performing ultrasound examinations |

- 3.) Did this physician's RESIDENCY AND/OR FELLOWSHIP include specialty-specific diagnostic ultrasound examinations as part of the specialty training requirements under the supervision of a physician that meets the AIUM [training guidelines](#)?  Yes  No

- 4.) Does this physician hold any of the following ultrasound certifications?:  N/A

- Breast Ultrasound Certification through ASBS. **Year of initial certification:** \_\_\_\_\_
- Endocrine Certification in Neck Ultrasound (ECNU) through AACE. **Year of initial certification:** \_\_\_\_\_
- MSK Ultrasound Certification in Rheumatology (RhMSUS) through ACRh. **Year of initial certification:** \_\_\_\_\_

# Biographical Information for New Sonographers (and Other Nonphysicians Performing Ultrasound)

Complete this form for each new sonographer and other nonphysician who performs ultrasound in the practice.

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Number of years at your practice \_\_\_\_\_

Description of education and training in ultrasound (“ARDMS” is not considered an adequate description of training.) \_\_\_\_\_

1.) Is this sonographer currently certified through ARDMS or ARRT?

- No (*skip to next question*)  
 **Yes (*additional info required below*) – attach copy of current ARDMS / ARRT card**

If registered through ARDMS, registry #: \_\_\_\_\_ and indicate registered specialties:

- |   |  |  |   |  |  |  |  |                                |                                   |
|---|--|--|---|--|--|--|--|--------------------------------|-----------------------------------|
| <input type="checkbox"/> RDMS – Abdomen | <input type="checkbox"/> RDMS – Breast | <input type="checkbox"/> RDMS – Fetal Echocardiography | <input type="checkbox"/> RDMS – Neurosonology | <input type="checkbox"/> RDMS – Ob/Gyn | <input type="checkbox"/> RDCS – Adult Echocardiography | <input type="checkbox"/> RDCS – Fetal Echocardiography | <input type="checkbox"/> RDCS – Pediatric Echocardiography | <input type="checkbox"/> RMSKS | <input type="checkbox"/> RVT (VT) |
|---|--|--|---|--|--|--|--|--------------------------------|-----------------------------------|

If registered in sonography through the ARRT:

- Registry number: \_\_\_\_\_
- Year sonography certification was obtained: \_\_\_\_\_
- Registered in (check applicable):
  - ARRT – Breast Specialty
  - ARRT – Sonography

2.) What specialties does this sonographer or non-physician's scan for the practice? (*check all that apply*):

<input type="checkbox"/> OB-Standard	<input type="checkbox"/> GYN	<input type="checkbox"/> Abdomen/General	<input type="checkbox"/> MSK-Diagnostic
<input type="checkbox"/> OB-Detailed 2 <sup>nd</sup> Tri	<input type="checkbox"/> 3D-GYN	<input type="checkbox"/> Contrast-Enhanced (Abd/Gen)	<input type="checkbox"/> MSK-Interventional Procedures
<input type="checkbox"/> OB-Detailed 1 <sup>st</sup> Tri	<input type="checkbox"/> Breast	<input type="checkbox"/> Thyroid, Parathyroid, Neck	<input type="checkbox"/> US-Guided Anesthesia
<input type="checkbox"/> Fetal Echo	<input type="checkbox"/> Urology	<input type="checkbox"/> POCUS	<input type="checkbox"/> Female Pelvic Floor (Urogynecology)

3.) Indicate this sonographer's or non-physician's involvement with the ultrasound functions of your practice, check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Performance of ultrasound examinations | <input type="checkbox"/> Supervision of sonographers | <input type="checkbox"/> Peer review       |
| <input type="checkbox"/> Assistance with invasive procedures    | <input type="checkbox"/> Equipment maintenance       | <input type="checkbox"/> Quality assurance |

# Biographical Information for Non-Physicians Performing and Interpret Diagnostic Ultrasound and Ultrasound-Guided Procedures (PA, NP, NMW, DPT, and DC)

This form should only be completed if your practice is already accredited in “Limited OB” or if you are seeking to add “Limited OB” as a new specialty using this update form.

First and Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Explain how you meet the [training guidelines](#). Include a description of education and training in ultrasound (write or attach statement):

---

---

---

---

---

# of *AMA PRA Category 1*™ ultrasound CMEs earned within the past 36 months: \_\_\_\_\_

In which specialty areas? \_\_\_\_\_

Annual ultrasound volume if applicable: \_\_\_\_\_

ARDMS Certification # (if applicable): \_\_\_\_\_

## Attach the following documents:

1. copy of current state license
2. proof of completion of advanced clinical program
3. proof of board certification (NCC, NCCPA, AMCB)
4. proof of OB ultrasound CME credits
5. copy of ARDMS registry card showing active certification in “OB/GYN” or “Midwife Sonography Certificate”, if relevant

# Biographical Information for Physical Therapists (PT) and Physician Assistants (PA) Performing / Interpreting Diagnostic Musculoskeletal Ultrasounds

---

This form should only be completed if your practice is already accredited in “MSK - Diagnostic” or if you are seeking to add “MSK - Diagnostic” as a new specialty using this update form.

First and Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Description of education and training in ultrasound (write or attach statement):

---

---

---

---

---

# of AMA PRA Category 1™ and/or AOA Category 1-A MSK ultrasound CME credits earned within the past 36 months: \_\_\_\_\_

Annual Diagnostic MSK ultrasound volume: \_\_\_\_\_

ARDMS Certification # (if applicable): \_\_\_\_\_

## **Attach the following documents:**

1. copy of current state license
2. proof of completion of accredited DPT / tDPT program or accredited PA program
3. proof of MSK ultrasound CME credits
4. copy of ARDMS registry card, if relevant



# Adding Site(s)

Complete the following page for **each new site** being added.

<u>Site Name</u> (typed or written <b>EXACTLY</b> as you wish it to appear on the certificate, including capitalization and spacing):			
Address:		City, State, Zip:	
		, ,	
Telephone #:	(    )    -	Fax #:	(    )    -
Website (if applicable):			
<b>Only list the annual volume for each ultrasound specialty being sought at this site:</b>	<b>Obstetric</b> 1st: _____ 2nd: _____ 3rd: _____ Detailed Fetal Anatomy (76811): _____ Limited OB (for ACP only): _____  Fetal Echo: _____  GYN (without 3D): _____ 3D-GYN: _____  <b>Breast</b> Diagnostic: _____ Interventional: _____	<b>Abdomen / General:</b> _____  <b>Thyroid, Parathyroid, and Neck:</b> _____  <b>MSK (Diagnostic):</b> _____  <b>MSK (US-Guided Interventional Procedures):</b> _____  <b>US-Guided Regional Anesthesia:</b> _____  <b>Urologic:</b> _____  <b>Female Pelvic Floor (Urogynecologic):</b> _____  <b>POCUS:</b> _____	

- Collect and put together case studies for the new site(s). **See page 11 (Case Studies).**
  - **For each new site being added**, refer to the section marked “**From each additional site or mobile unit:**” under the relevant Case Study Submission Requirements linked on **page 11**.
  - You may only add 76811 to a new site if your practice has already been accredited in Adjunct 76811 or if you are currently applying to add the specialty 76811 [to your existing OB-2<sup>nd</sup> trimester accreditation] on pages 12-14 within this update form. Questions? E-mail [accreditation@aium.org](mailto:accreditation@aium.org).

# Case Studies

**(required when adding site(s) or specialties/adjuncts)**

## **All cases must follow:**

- [General File Requirements](#)
- [How to Prepare Your Documents for Upload](#)
- [General Requirements for the Submission of Case Studies](#)

## **Requirements by Specialty:**

[Abdominal / General](#)

[Contrast Enhanced](#)

[Breast \(Diagnostic / Interventional\)](#)

[Thyroid, Parathyroid, and Neck](#)

[Female Pelvic Floor \(Urogynecologic\)](#)

[Fetal Echocardiography](#)

[Gynecologic \(with or without 3D Adjunct\)](#)

### **MSK specialty areas: (2 separate specialties offered):**

1. [Diagnostic MSK/Peripheral Nerve](#)
2. [US-Guided Interventional Procedures](#)

### **Obstetric specialty areas**

1. [Obstetric \(Standard or Trimester Specific\)](#)
2. [Detailed Second Trimester OB Ultrasound \(includes OB Standard\)](#)
3. [Detailed First Trimester OB Ultrasound](#)
4. [Limited OB for Advanced Clinical Providers](#)

**\*\*Detailed First Trimester OB specialty areas can only be added to an existing detailed 2<sup>nd</sup> trimester OB accreditation.**

[Point-of-Care Ultrasound \(POCUS\)](#)

[Ultrasound-Guided Regional Anesthesia](#)

[Urologic Ultrasound](#)

# Adding a Specialty

1. Which new specialty (or specialties) are you seeking to add to your practice accreditation?:

<input type="checkbox"/> Abdomen / General <input type="checkbox"/> Contrast-Enhanced <b>NEW!</b> <input type="checkbox"/> Breast <input type="checkbox"/> Diagnostic <input type="checkbox"/> Interventional <input type="checkbox"/> Thyroid, Parathyroid, & Neck <input type="checkbox"/> Musculoskeletal – Diagnostic <input type="checkbox"/> Musculoskeletal – Interventional <input type="checkbox"/> POCUS <b>NEW!</b> <input type="checkbox"/> Ultrasound-Guided Regional Anesthesia (USGRA) <input type="checkbox"/> Urologic <input type="checkbox"/> Female Pelvic Floor (Urogynecologic) <b>NEW!</b>	<input type="checkbox"/> OB Standard ( <i>indicate trimesters</i> ) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Detailed 2nd Trimester OB (“76811”) <i>(for practices currently accredited in 2<sup>nd</sup> trimester OB, or practices adding 2nd trimester OB via this update form)</i> <input type="checkbox"/> Detailed 1st Trimester OB <b>NEW!</b> <i>(must be accredited in both Standard OB <u>and</u> Detailed 2nd to apply in this specialty)</i> <input type="checkbox"/> Limited OB ( <i>for Advanced Clinical Providers</i> ) <input type="checkbox"/> Fetal Echocardiography <input type="checkbox"/> Gynecologic (with or without 3D Adjunct) <input type="checkbox"/> 3D Adjunct ONLY <i>(for practices currently accredited in GYN)</i> <input type="checkbox"/> Reproductive Endocrinology and Infertility (REI - with or without 3D adjunct)
--	---

2 (a). Complete the following table, listing all physicians performing or interpreting the added specialty (*attach duplicate pages as needed*):

**Average Yearly Case Volumes for Physicians  
Performing or Interpreting the New Specialty / Specialties**

Last Name of Physician, ACP, or PT	Specialty: _____	Specialty: _____	Specialty: _____	Last Name of Physician, ACP, or PT	Specialty: _____	Specialty: _____	Specialty: _____

2(b). **IMPORTANT:** All physicians, chiropractors, ACP, and PT performing or interpreting the new specialty must meet the training guidelines for that specialty. **If CME credits are required, they must be submitted at the time of submitting this update form.**

## Physician Training Guidelines

- [Training Guidelines for Physicians Who Evaluate and Interpret \*\*Diagnostic Ultrasound Examinations\*\*](#)
- [Training Guidelines for Licensed Medical Providers Who Perform and Interpret \*\*Ultrasound-Guided Procedures\*\*](#)
- [Training Guidelines for Licensed Medical Providers \(\*\*PA, NP, NMW, DPT, and DC\*\*\) Who Evaluate and Interpret \*\*Diagnostic Ultrasound Examinations\*\*](#)

3. Complete the following table, listing all sonographers who perform the newly added specialty/specialties (or attach separate page):

Sonographer Last Name	ARDMS or ARRT Registry #

Sonographer Last Name	ARDMS or ARRT Registry #

4. Designate which site(s) perform the new specialty. **Duplicate this page if multiple specialties are being sought in the same update form:**

	Address of Each Site Performing New Specialty: _____ ← Indicate Specialty Here	Primary Site for New Specialty? (choose 1 only)	Annual Volume for New Specialty
	<i>Example: 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707</i>	<input checked="" type="checkbox"/>	2,152
	<i>Example: 12 Cherry Lane, Women's Pavilion, Middletown, MD 21769</i>	<input type="checkbox"/>	329
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	
7.		<input type="checkbox"/>	
8.		<input type="checkbox"/>	
9.		<input type="checkbox"/>	
10.		<input type="checkbox"/>	

5. Review the **Practice Parameters** for the relevant specialty at the link below:

- <https://www.aium.org/resources/practice-parameters>

6. **Collect and put together case studies for the new specialty/specialties before you submit this update form.** Refer to page 11 for Case Study Submission Requirements.

# How to Submit Your Update Form

---

The Physician Director of Ultrasound's contact information was already provided on the first page. Please complete the information below for the designated Practice Contact (and 1 additional person, if needed) for the purpose of contacting you about this update form:

	Name	E-Mail Address	Phone #
Designated Practice Contact			
Additional Contact Person			

Submit your completed update form & all supporting documents via e-mail to [accredupdates@aium.org](mailto:accredupdates@aium.org). (**NO CASE STUDIES via e-mail**)

The total file size of your attachments cannot exceed 25 MB or your e-mail will be rejected.

Once your update form and documents are received, we will contact you to let you know how and where to upload your case studies and provide you with a payment form (if applicable).