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Application / Submittal # _____

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:

☐ **Update Current Site Name(s) and/or Address(es) or Remove accredited site from account**	**No fee.**
☐ **Addition or Deletion of Ultrasound Staff:** ● ***Physicians*** ● ***Chiropractors*** ● ***Advanced Clinical Providers*** ● ***Physical Therapists*** ● ***Sonographers***	**No fees or case studies required.** * * * **IMPORTANT!** 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. CME credits for Advanced Clinical Providers and Physical Therapists must be included with this update form at the time of submission.
☐ **Addition of New Site(s) or Mobile Unit**	**Case studies required.** **$1,000 per site/mobile.**
☐ **Addition of New Specialty**	**Case studies required.** Accredited practices seeking initial GYN accreditation (with or without 3D adjunct) and all other specialties or adjuncts: **$1,000 per specialty/adjunct.**

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:

Printed Name Physician Director of US		**Date**	
Signature Physician Director of US		**Email**	
		Telephone	

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 ❾	New Site Name
Current Site Address ❾	**New Site Address**
Old Phone/Fax ❾	**New Phone/Fax**

Current Site Name ❾	New Site Name
Current Site Address ❾	**New Site Address**
Old Phone/Fax ❾	**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

Attach duplicate pages as needed.

Staff ADDITIONS:

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

Staff DELETIONS:

	Name	Physician or Sonographer? (P / S)	Retire Date
1.			
2.			
3.			
4.			
5.			

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 because they are not AMA PRA Category 1 Credits™.

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):

☐ Interpretation of ultrasound exams
☐ Equipment maintenance
☐ Quality assurance
☐ Performance of ultrasound-guided procedures
☐ Performance of ultrasound examinations
☐ Peer review
☐ 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:

- ☐ RDMS – Abdomen
- ☐ RDMS – Breast
- ☐ RDMS – Fetal Echocardiography
- ☐ RDMS – Neurosonology
- ☐ RDMS – Ob/Gyn
- ☐ RDCS – Adult Echocardiography
- ☐ RDCS – Fetal Echocardiography
- ☐ RDCS – Pediatric Echocardiography
- ☐ RMSKS
- ☐ 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 scan for the practice? *(check all that apply)*:

☐ OB-Standard	☐ GYN	☐ Abdomen/General	☐ MSK-Diagnostic
☐ OB-Detailed 2nd Tri	☐ 3D-GYN	☐ Contrast-Enhanced (Abd/Gen)	☐ MSK-Interventional Procedures
☐ OB-Detailed 1st Tri	☐ Breast	☐ Thyroid, Parathyroid, Neck	☐ US-Guided Anesthesia
☐ Fetal Echo	☐ Urology	☐ POCUS	☐ 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:

- ☐ Performance of ultrasound examinations
- ☐ Supervision of sonographers
- ☐ Peer review
- ☐ Assistance with invasive procedures
- ☐ Equipment maintenance
- ☐ Quality assurance

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

Refer to Training Guidelines for Licensed Medical Providers (PA, NP, CNM/CM, DPT, and DC) Who Perform and/or Interpret Diagnostic Ultrasound Examinations

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: _____
of ultrasound related CME_____

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.

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

- Collect and put together case studies for the new site(s). **See page 10 (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 the next page.
    - You may only add 76811 to a new site if your practice has already been accredited in Detailed 2nd Trimester OB" or if you are currently applying to add "Detailed 2nd Trimester OB" (76811) [to your existing OB Standard accreditation] on pages 12-14 within this update form. Questions? E-mail 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:

1. Abdominal / General
2. Contrast Enhanced
3. Breast (Diagnostic / Interventional)
4. Thyroid, Parathyroid, and Neck
5. Female Pelvic Floor (Urogynecology)
6. Fetal Echocardiography
7. Gynecologic (with or without 3D Adjunct)
8. Point-of-Care Ultrasound (POCUS)
9. Ultrasound-Guided Regional Anesthesia
10. Urologic Ultrasound

MSK specialty areas: ***(3 separate specialties offered)***

1. Musculoskeletal (Diagnostic)
2. Musculoskeletal (Peripheral Nerves)
3. Musculoskeletal (Ultrasound-Guided Interventional Procedures)

Obstetric specialty areas:

1. Obstetric (Standard or Trimester Specific)
    - Standard OB = all 3 trimesters
    - Trimester-Specific OB = any one or two trimesters (but not all 3)
1. Detailed Second Trimester OB Ultrasound (includes OB Standard)
2. Detailed First Trimester OB Ultrasound**
3. Limited OB for Advanced Clinical Providers

**Detailed First Trimester OB can only be added to an existing "Detailed 2nd trimester OB" accreditation.

Adding a Specialty

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

☐ Abdomen / General ☐ Contrast-Enhanced **NEW!** ☐ Breast ☐ Diagnostic ☐ Interventional ☐ Thyroid, Parathyroid, & Neck ☐ Musculoskeletal – Diagnostic ☐ Musculoskeletal – Interventional ☐ POCUS **NEW!** ☐ Ultrasound-Guided Regional Anesthesia (USGRA) ☐ Urologic ☐ Female Pelvic Floor (Urogynecologic) **NEW!**	☐ OB Standard *(indicate trimesters)* ☐ 1st ☐ 2nd ☐ 3rd ☐ Detailed 2nd Trimester OB ("76811") *(for practices currently accredited in 2nd trimester OB, or practices adding 2nd trimester OB via this update form)* ☐ Detailed 1st Trimester OB **NEW!** *(must be accredited in both Standard OB and Detailed 2nd to apply in this specialty)* ☐ Limited OB *(for Advanced Clinical Providers)* ☐ Fetal Echocardiography ☐ Gynecologic (with or without 3D Adjunct) ☐ 3D Adjunct ONLY *(for practices currently accredited in GYN)* ☐ 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.**

Provider 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: _____ ❺ Indicate Specialty Here	Primary Site for New Specialty? (choose 1 only)	Annual Volume for New Specialty
	Example: *14750 Sweitzer Lane, Suite 100, Laurel, MD 20707*	☒	*2,152*
	Example: *12 Cherry Lane, Women's Pavilion, Middletown, MD 21769*	☐	*329*
1.		☐	
2.		☐	
3.		☐	
4.		☐	
5.		☐	

5. **Collect and put together case studies for the new specialty/specialties before you submit this update form**. Refer to page 10 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. (**NO CASE STUDIES via e-mail**)

The total file size of your attachments cannot exceed 24 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).