



**American
Society of
Echocardiography**



FASE

Fellow of the American Society of Echocardiography

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

NBE Certification Date: _____ RDMS Credential Date: _____ CCI Credential Date: _____

Current Member of ASE? Yes No

The American Society of Echocardiography is an organization of professionals committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public.

For physician members of ASE the Fellow designation recognizes those members who have fulfilled both the training and performance requirements that are necessary for Certification through the National Board of Echocardiography. Attainment of this important standard of practice plus a commitment to the field of echocardiography is the foundation for the Fellow designation.

For sonographer members of ASE the Fellow designation also recognizes extraordinary commitment to the field of echocardiography and achievement of credentials that demonstrate fulfillment of training and performance requirements.

FASE Credential Requirements

Physician (Adult Echocardiography):

- 1) Member of ASE for current year and previous two consecutive years
- 2) Current National Board of Echocardiography Certification. (Please supply copy of NBE Certificate.)
- 3) Three letters of recommendation as described on reverse.

Physician (Pediatric Echocardiography):

- 1) Member of ASE for current year and previous two consecutive years
- 2) Board certification in Pediatric Cardiology or completion of a pediatric cardiology fellowship in an accredited program with a minimum of five years of experience. (Please supply copy of Board Certificate.)
- 3) Three letters of recommendation as described on reverse.

Sonographer:

- 1) Member of ASE for current year and previous two consecutive years.
- 2) Current Credential RDMS (from ARDMS) or RCS (from CCI) for at least five years. (Please supply copy of membership card.)
- 3) Three letters of recommendation as described on reverse.

Letters of Recommendation

(Please list sponsor names and category of source. Example: Dr. Jones - #3 Local Society Officer)

1. _____
2. _____
3. _____

(Information regarding sources and content on reverse.)

Three letters of recommendation must be submitted from any of the following sources:

- 1) Fellow in the American Society of Echocardiography
- 2) Member of an American Society of Echocardiography Committee or Council Board
- 3) Officer of a Local Echo Society
- 4) Faculty of an approved or accredited cardiac ultrasound program or physician training program
- 5) Hospital Administrator or Public Health Official
- 6) Director of Echocardiography lab/program

These letters should attest to the individual's commitment and contribution to the field of echocardiography. Template letters are discouraged. The individual's commitment and/or contribution to the field of echocardiography will be assessed by participation in one or more of the following professional activities:

I. Scientific publications in topics related to cardiovascular ultrasound and/or echocardiography:

- a) Abstracts presented at local/national/international meetings
- b) Manuscripts in peer-reviewed journals
- c) Review articles
- d) Book chapters
- e) Other relevant publications

II. Commitment to education in cardiovascular ultrasound and/or echocardiography, as demonstrated on a regular basis by teaching to:

- a) Sonographers
- b) Physicians
- c) Participation as faculty in educational programs
- d) Organization of educational programs
- e) Quality-control programs

III. Active participation at ASE-sponsored activities and/or other local/regional echocardiography societies. These may include (but are not limited to):

- a) Membership in ASE committees, Board of Directors, etc.
- b) Participation in the organization of the ASE annual scientific sessions
- c) Active participation in regional/local echocardiography meetings and/or committees.

Please address letters to the Accreditation, Certification and Licensure Committee. These letters must be sent with your application. Completed applications will be presented to the Accreditation, Certification and Licensure Committee three times per year for review.

The three cut-off dates for review are October 1, March 1, and May 1. If approved, applicants will be notified of their new status following each review session.

Application Fee

- Physician \$100
- Sonographer \$75

Payment Information

Application Fee: \$ _____

Check #: _____

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Signature: _____

Date: _____

Please send completed application to:

American Society of Echocardiography
Attn: Ashley Prather
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

Questions?

E-mail: aprather@asecho.org
Phone: (919) 861-5574, ext. 226
Fax: (919) 787-4916