ACS
Advanced Cardiac Sonographer
Dear Applicant,

Congratulations on your decision to take the CCI Advanced Cardiac Sonographer (ACS) examination!

This Examination Application and Overview Booklet is meant to assist you as a prospective candidate. Please take the time to read it now. Before applying, please become fully familiar with the requirements for sitting for CCI’s examination(s) and retaining your credential.

Earning a CCI credential demonstrates not only knowledge, but also dedication to your professional development. Becoming certified allows you to become part of a group of more than 20,000 certified cardiovascular professionals worldwide. CCI’s credentials are internationally recognized by physicians, employers, contractors of Medicare and Medicaid services, administrators, accreditation bodies, and patients.

For your convenience, you can apply for your CCI examination by completing the application (on page 10 of this booklet) and submitting the required supporting documentation.

CCI wishes you every success in the examination. If anything is unclear after reading this booklet, please call CCI at 800-326-0268 or e-mail applicant_support@cci-online.org. CCI staff will guide you through any aspect of the program that you would like explained in more detail.

Sincerely,

CCI Board of Trustees & Advisors
Important – Please Read

All Applicants – Please Read This Section Before Starting Your Application Process

It is extremely important for all applicants to read the CCI General Overview Booklet which can be viewed or downloaded at cci-online.org. The CCI General Overview Booklet is meant to assist you as a prospective candidate and provide general information about CCI and details about the examination application process as well.

This Advanced Cardiac Sonographer (ACS) examination application booklet contains information on the requirements, appropriate supporting documentation, and examination content for the Advanced Cardiac Sonographer (ACS) credential program.

About the Credential

The Advanced Cardiac Sonographer (ACS) was developed in response to a need to create a career track for sonographers who practice at an advanced level in the echocardiography laboratory. The ACS is committed to improving lab quality and efficiency through preparing preliminary echo assessments; performing advanced echocardiograms; mentoring fellows, students, residents, and staff; developing and implementing educational plans; facilitating continuous quality improvement; and coordinating cardiac ultrasound research.
It is the policy of the CCI Board of Trustees to develop and implement a code of ethics and disciplinary procedures. The Board of Trustees shall review and revise the code of ethics to remain current with changes in health care and the cardiovascular technology field of practice.

The purpose of the CCI Code of Ethics is to acknowledge the applicant's, candidate's, and registrant's acceptance of the responsibility and trust conferred upon it by the organization and to acknowledge that earning a CCI credential is a privilege that must be earned and maintained. The delivery of safe, competent, and ethical patient care is a responsibility of the highest order. This document sets forth the Code of Ethics to be adhered to by credentialed cardiovascular technologists awarded the CCI credentials:

- Advanced Cardiac Sonographer (ACS)
- Certified Cardiographic Technician (CCT)
- Certified Rhythm Analysis Technician (CRAT)
- Registered Congenital Cardiac Sonographer (RCCS)
- Registered Cardiac Electrophysiology Specialist (RCES)
- Registered Cardiovascular Invasive Specialist (RCIS)
- Registered Cardiac Sonographer (RCS)
- Registered Phlebology Sonographer (RPhS)
- Registered Vascular Specialist (RVS)

All credentialed cardiovascular technologists awarded a CCI designation shall, in their professional activities, sustain and advance the integrity and honor of the profession by adhering to this Code of Ethics. Applicants, candidates, and registrants who intentionally or knowingly violate any provision of the Code of Ethics will be subject to action by a peer review panel, which may result in revocation of the designation. The document is subject to action by a peer review panel, which may result in revocation of the designation.

1. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will place the safety, health, and protection of the patient above all other interests.

2. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will demonstrate and maintain professional competence in all aspects of patient care and within the scope of practice as defined by my employer.

3. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will represent my credential(s) accurately and honestly, and I will not attempt to maintain CCI credentials by fraud, deception, or artifice.

4. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will not knowingly assist another person or persons in obtaining or attempting to obtain or maintain CCI credentials by fraud, deception, or artifice.

5. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.

6. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will represent my qualifications honestly and provide only those services which I am qualified to perform.

7. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will defend and protect the patient's right to privacy and confidentiality, unless required to disclose such information by law.

8. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will consistently maintain and improve professional competence through regular assessment of skills, continuing education, experience, and professional training.

9. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will accept responsibility for maintaining the credential by meeting renewal requirements and remaining in good standing with CCI.

10. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will voluntarily report any criminal behavior resulting in a conviction of a misdemeanor or felony.

11. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will avoid deceptive acts which misrepresent my academic or professional qualifications.

12. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will avoid compromise of professional judgment by conflicts of interest.

13. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will engage only in legal arrangements and practices in the healthcare field.

14. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin, disability, social, or economic status.

15. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I understand that the certificate, logo, and marks are the property of CCI and I will not misrepresent or inappropriately use the property of CCI. I agree to return the wallet card and certificate of my credentialing, upon request, to the CCI Board of Trustees.

16. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will act in a professional manner in my correspondence and interaction with CCI Headquarters.

17. As a credentialed cardiovascular technologist/technician or applicant/candidate of CCI Examinations, I will uphold and follow all policies and procedures required by the CCI to remain in good standing, and I will abide by CCI’s Code of Ethics.

The CCI Code of Ethics shall be enforced by the CCI Ethics and Discipline Committee.
### Qualification Requirements

All applicants must meet the following criteria:
1. Have a high school diploma or general education diploma at the time of application.
2. Fulfill one (1) of the qualifications of the exam for which you are applying. See qualifications listed in the table below.
3. Provide typed documentation to support the qualification under which you are applying. Required documentation for each qualification is listed below. CCI reserves the right to request additional information.

<table>
<thead>
<tr>
<th>Qualification Prerequisite</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACS1</strong></td>
<td>A copy of a graduate certificate AND Student verification letter from the Advanced Cardiac Sonography educational program director.</td>
</tr>
<tr>
<td>A graduate of an Advanced Cardiac Sonography educational program which has been accredited by the Committee on Accreditation for Advanced Cardiovascular Sonography (COA-ACS)*</td>
<td></td>
</tr>
<tr>
<td><strong>ACS2</strong></td>
<td>A copy of a graduate certificate from the programmatically accredited educational program. AND Copy of wallet card showing date earned and active through date of registry credential (RCS, RCCS, or RDCS) AND Employment verification letter which indicates time period of employment and primary duties of applicant, and clinical competence related to the field of cardiac ultrasound.</td>
</tr>
<tr>
<td>A graduate of a programmatically accredited program in cardiac ultrasound/echocardiography.* AND Hold an active echocardiography registry credential (includes but not limited to RCS, RCCS, or RDCS) AND Seven (7) years of cardiac ultrasound clinical experience as a registered cardiac sonographer. It is anticipated, but not required, that the applicant have performed a minimum of 8000 echocardiograms in their career which is defined as work experience and/or formal clinical education program.</td>
<td></td>
</tr>
<tr>
<td><strong>ACS3</strong></td>
<td>A copy of a graduate certificate AND Copy of wallet card showing date earned and active through date of registry credential (RCS, RCCS, or RDCS) AND Employment verification letter which indicates time period of employment and primary duties of applicant, and clinical competence related to the field of cardiac ultrasound.</td>
</tr>
<tr>
<td>A graduate of a diploma, associate, or baccalaureate academic program in health science (including, but not limited to, cardiovascular technology, ultrasound, radiologic technology, respiratory therapy, or nursing) AND Hold an active echocardiography registry credential (includes but not limited to RCS, RCCS, or RDCS) AND Eight (8) years of cardiac ultrasound clinical experience as a registered cardiac sonographer. It is anticipated, but not required, that the applicant have performed a minimum of 8000 echocardiograms in their career which is defined as work experience and/or formal clinical education program.</td>
<td></td>
</tr>
<tr>
<td><strong>ACS4</strong></td>
<td>Copy of wallet card showing date earned and active through date of registry credential (RCS, RCCS, or RDCS) AND Employment verification letter which indicates time period of employment and primary duties of applicant, and clinical competence related to the field of cardiac ultrasound.</td>
</tr>
<tr>
<td>Hold an active echocardiography registry credential (includes but not limited to RCS, RCCS, or RDCS) AND Ten (10) years of cardiac ultrasound clinical experience as a registered cardiac sonographer. It is anticipated, but not required, that the applicant have performed a minimum of 8000 echocardiograms in their career which is defined as work experience and/or formal clinical education program.</td>
<td></td>
</tr>
</tbody>
</table>

* An accredited program is accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA), United States Department of Education (USDHE), or Canadian Medical Association (CMA), that specifically conducts programmatic accreditation for cardiovascular technology, diagnostic cardiac sonography, or vascular technology.
Advanced Cardiac Sonographer (ACS)

Supporting documentation should be addressed appropriately (i.e. to CCI).

Sample Employment Verification Letter

1) Employer’s original, official letterhead or stationery.

2) Indicate the date the letter was signed by employer/supervisor. Should not be older than six months from the date the application is received at CCI Headquarters.

3) Indicate the name of the applicant.

4) Indicate full- or part-time employment.

5) Indicate the time period of employment.

6) Indicate the primary duties of applicant, related to the field of cardiovascular technology.

7) Original signature of direct supervisor, who must be an MD or DO or hold an active echocardiography credential (includes but not limited to RCCS, RCS, or RDCS).

Sample Student Verification Letter

1) Educational program’s original, official letterhead or stationery.

2) Indicate the date the letter was signed by educational director.

3) Indicate the name of the applicant.

4) Indicate full- or part-time student.

5) Indicate the date or expected date of graduation.

6) Indicate the specialty of the educational program.

7) Original signature of the educational director.
**Examination Matrix**

This examination matrix is provided to illustrate the general distribution of questions and the relative weight or emphasis given to a skill or content area on the examination.

<table>
<thead>
<tr>
<th>Content Category</th>
<th>Approximate Percentage of Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Performing Preliminary Echo Assessments</td>
<td>56%</td>
</tr>
<tr>
<td>Review Echo Image Quality and Completeness</td>
<td></td>
</tr>
<tr>
<td>Identify Cardiovascular Abnormalities</td>
<td></td>
</tr>
<tr>
<td>Create Preliminary Echo Report</td>
<td></td>
</tr>
<tr>
<td>Ensure Report Completeness and Accuracy</td>
<td></td>
</tr>
<tr>
<td>B. Performing Advanced Echocardiograms</td>
<td>25%</td>
</tr>
<tr>
<td>Ensure Patient Safety and Satisfaction</td>
<td></td>
</tr>
<tr>
<td>Assimilate History and Clinical Findings</td>
<td></td>
</tr>
<tr>
<td>Develop Echo Protocols</td>
<td></td>
</tr>
<tr>
<td>Acquire Echo Images</td>
<td></td>
</tr>
<tr>
<td>Tailor Echo Exam</td>
<td></td>
</tr>
<tr>
<td>Perform Echo Measurements and Calculations</td>
<td></td>
</tr>
<tr>
<td>C. Mentoring Fellows, Students, Residents, and Staff</td>
<td>3%</td>
</tr>
<tr>
<td>Assess Mentees' Competence and Skills</td>
<td></td>
</tr>
<tr>
<td>Provide Critical Feedback and Technical Guidance</td>
<td></td>
</tr>
<tr>
<td>Assign Improvement Projects</td>
<td></td>
</tr>
<tr>
<td>D. Developing and Implementing Educational Plans</td>
<td>8%</td>
</tr>
<tr>
<td>Identify Desired Outcomes</td>
<td></td>
</tr>
<tr>
<td>Prepare Educational Materials and Plan</td>
<td></td>
</tr>
<tr>
<td>Deliver Educational Materials</td>
<td></td>
</tr>
<tr>
<td>Measure Continued Performance</td>
<td></td>
</tr>
<tr>
<td>E. Facilitating Continuous Quality Improvement</td>
<td>6%</td>
</tr>
<tr>
<td>Develop CQI Program</td>
<td></td>
</tr>
<tr>
<td>Implement CQI Processes</td>
<td></td>
</tr>
<tr>
<td>Analyze CQI Results</td>
<td></td>
</tr>
<tr>
<td>Execute an Action Plan</td>
<td></td>
</tr>
<tr>
<td>Facilitate Echo Lab Accreditation</td>
<td></td>
</tr>
<tr>
<td>F. Coordinating Cardiac Ultrasound Research</td>
<td>2%</td>
</tr>
<tr>
<td>Identify a Research Topic</td>
<td></td>
</tr>
<tr>
<td>Assist with Research Design</td>
<td></td>
</tr>
<tr>
<td>Collect Research Data</td>
<td></td>
</tr>
<tr>
<td>Analyze Research Data</td>
<td></td>
</tr>
<tr>
<td>Disseminate Research Results</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**ACS References**

The resources listed below are intended as recommended resources when preparing for examination. You may have previous or later editions of these or other references available that also present acceptable coverage of the subject matter. Any general text in cardiovascular techniques and evaluation, and cardiac patient care and management may be used. It is not necessary to use all of the texts identified. They are provided as suggestions only. CCI does not endorse or recommend any third-party review course or material.

Application Instructions

Examination Application Instructions and Requirements

This page leads you through a step-by-step process of filling out your application.

1. Check the appropriate box for which test you wish to take.

2. Circle the corresponding number for the qualification under which you are applying. (Qualification details can be found in the section for that exam.)

3. Check the appropriate box pertaining to whether this is your first time applying for this certification or if you are re-applying. If you are re-applying, please list the date(s) of your previous examination(s). You must supply current supporting documentation if it has been more than two years since the date of your original application.

4. Please type or print legibly your social security number, your first name, middle initial, and last name.

5. Please type or print legibly your mailing address, telephone numbers, and email address.

6. Please type or print legibly your current employer’s information (if applicable).

7. Please type or print legibly your educational background (if applicable).

8. Please affix all required supporting documents. All supporting documentation should be addressed appropriately (i.e. to CCI). Supporting documentation criteria and samples can be found in the section for that exam.

9. Fill out all relevant background data on the second page of the application (page 10).

10. Complete the section concerning required fees and method of payment.

11. Read and sign the affidavit.

12. Enclose all required payments.

13. Enclose a clear copy of your non-expired government-issued photo identification (e.g., driver’s license, government-issued identification card, or passport photo page).

14. Your application will not be processed without all required documentation and fees.

15. Mail form, required documents, and payment to:
   Cardiovascular Credentialing International (CCI)
   1500 Sunday Drive, Suite 102
   Raleigh, NC 27607

Exam Cancellation/Refund Policy

No refunds will be made to candidates who do not show up for an examination for any reason. Failure to show for a scheduled examination will cause forfeiture of all fees. Reapplication and the resubmittal of required fees will be required to test in the future.

Once an examination time has been made by the candidate, cancellation can only be made by notifying both CCI and Pearson VUE of this cancellation request. Refunds cannot be made if both parties are not notified. CCI must be notified for a request to change an examination type or eligibility window. A new ATT will then be issued.

Cancellations made within one (1) working day of the test date are non-refundable.

Refunds, minus the $100 filing fee per exam, will be given only if the above policies are followed. Applicant must submit a signed request for cancellation and refund.
All CCI examination applications are required to be completed by the individual applicant, not by an employer, educator, or other individual. Complete the front and back of this application and sign the affidavit before mailing to CCI. Please make a copy for your records. Application instructions are located on page 8. Please type or print legibly. Do not fax this application: original signature is required.

Status | Price | Qualification Number
--- | --- | ---
Active CCI credential holder | $500 | ACS1
Non-CCI credential holder | $650 | ACS2, ACS3, ACS4

Check one: For details on qualification numbers please refer to page 5.

Has your address changed since taking your last CCI examination?  Yes  No

CCI examinations previously taken: _______ _______ _______
Date of previous CCI examinations: _______ _______ _______

Personal Information
(Application must include a clear copy of your non-expired government-issued photo identification)

Social Security Number (or Canadian Insurance #) ___________-_______-____________
Birth date (month/date/year) _______/_______/_______

Mr.  Mrs.  Ms.  Dr.

First Name _________________________________________ Middle Initial _____ Last Name _________________________________________
Mailing Address (include Apt #) _____________________________________________________________________________________

City ______________________________________ State ________ Postal Code__________________ Country ___________________________
Home Telephone _____________________ Work Telephone _____________________ Email _____________________________

Check here if you have been convicted, pled guilty, or pled nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony. (If you checked this box, you are required to submit a Pre-Application to determine whether you qualify for the CCI credentialing process. See page 6 for details.)

Employment History

Provide the following information about your employment in Cardiovascular Technology. Employment Verification Letter must be attached: sample letters are found in the section specific to the credential for which you are applying.

Place of Employment__________________________________________Dates of Employment: From ________/________ to ________/________
Position/Title __________________________________________________________________________________________________
Mailing Address __________________________________________________________________________________________________

City ______________________________________ State ________ Postal Code__________________ Country ___________________________
Supervising Physician/Supervisor Name _______________________________________ Supervisor’s Telephone _____________________

Have you had a credential or license revoked, suspended, or been denied the privilege of taking an examination?  Yes  No

Educational Background

If you are applying under a qualification that requires supporting documentation of your educational training, educational transcripts and/or completion certificate must be attached with Student Verification Letter (samples found in the section specific to the credential for which you are applying).

College/Educational Program ___________________________________________Graduation Date _______________Degree Obtained _______
Address __________________________________________________City _________________________State ________ Postal Code _______
Program Director ___________________________________________________Telephone _____________________

If you are applying under a qualification that requires supporting documentation of your educational training, educational transcripts and/or completion certificate must be attached with Student Verification Letter (samples found in the section specific to the credential for which you are applying).

Check here if you have been convicted, pled guilty, or pled nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony. (If you checked this box, you are required to submit a Pre-Application to determine whether you qualify for the CCI credentialing process. See page 6 for details.)

I authorize CCI to release my score results to my educational program.

(Print name of program director or person you authorize to receive your score results: ____________________________ )

For Office Use Only

Product code/amt/qual (1)__________/___________/____________
ATT file _____________________________ Constituent #
Product code/amt/qual (2)__________/___________/____________
Approval _____________________________ Payment Total
Product code/amt/qual (3)__________/___________/____________
Date _____________________________ Payment Method

Application Publication Date: June 2015. This application supersedes all documentation previously released.
Information related to applicants, candidates, and registrants shall remain confidential with the exception of the publication of the registrant's credential(s), active status, city, and state on CCI's online directory. It is the responsibility of CCI to publish any and all sanctions imposed on registrants who are found to be in violation of CCI Code of Ethics.

☐ Check this box if you wish to decline having your name and other information appear in the CCI online credential verification area. This online list is provided as a means for the public/employers to locate and verify the status of a registrant's credential(s). Personal contact information such as address, phone numbers, and emails are not provided. Checking this box does not exempt you from CCI's policy of publishing the name of sanctioned registrants and the violations they have committed.

☐ As a courtesy to other cardiovascular healthcare-related organizations, CCI may at its discretion make available its list of registrants in good standing for education and employment opportunities. Check this box if you wish to decline having your name and address given to cardiovascular healthcare-related organizations.

Background Data
Submission of this information is voluntary. All information is confidential and is obtained to promote the recognition of the cardiovascular credential.

Age Range
☐ 20-29 ☐ 40-49 ☐ over 60
☐ 30-39 ☐ 50-59

Cardiovascular Experience
☐ Student ☐ 7-15 years ☐ over 21 years
☐ 2-6 years ☐ 16-20 years

Cardiovascular Training
☐ On-the-Job
☐ Trade School (one year or less)
☐ College (Associate level)
☐ College (Baccalaureate level)
☐ Hospital Training Program
☐ Other (please specify)

Current Salary Range
☐ $10,000-14,999 ☐ $40,000-44,999
☐ $15,000-19,999 ☐ $45,000-49,999
☐ $20,000-24,999 ☐ $50,000-59,999
☐ $25,000-29,999 ☐ $60,000-69,999
☐ $30,000-34,999 ☐ over $70,000
☐ $35,000-39,999

Other Credentials (check all that apply)
☐ RN ☐ RRT ☐ RDMS ☐ RT(N)
☐ LPN/LVN ☐ DO ☐ RVT ☐ CEPS
☐ RDCS ☐ RT ☐ MD ☐ CCDS
☐ Other (please specify)

Professional Membership (check all that apply)
☐ ACC ☐ ASE ☐ SCAI ☐ SVU
☐ ACCP ☐ ASRT ☐ SDMS
☐ ACP ☐ HRS ☐ Sicp
☐ ANA ☐ SASEAP
☐ Other (please specify)

Type of Facility in Which You Are Employed
☐ Community Hospital
☐ University-Affiliated Medical Center
☐ Military/Federal Hospital
☐ State/County Hospital
☐ Private Office or Clinic

Number of Beds in Hospital
☐ Less than 50 ☐ 100-199 ☐ 400 or more
☐ 50-99 ☐ 200-399

Your Primary Cardiovascular Specialty
☐ Cardio Catheterization/Angioplasty
☐ Echocardiography
☐ EKG Stress Testing and Holter Monitors
☐ Electrophysiology
☐ Phlebology
☐ Vascular Ultrasound
☐ Pediatric/Congenital Ultrasound
☐ Other (please specify)

Present Position Held
☐ Staff Technologist
☐ Supervisor
☐ Director/Administrator
☐ Nurse
☐ Academic Instructor
☐ Other (please specify)

Present Position Held
☐ Academic Instructor
☐ Nurse
☐ Director/Administrator
☐ Staff Technologist
☐ Other (please specify)

Affidavit
I have read all information contained in this application booklet and understand that CCI reserves the right to deny my application, revoke my eligibility if I qualify as a candidate, or take action against me if I become a registrant if documentation I provide is found to be fraudulent, misrepresenting, if I do not meet the application qualifications (including high school graduation or documentation of any conviction), or maintain the requirements for maintaining the active status of my credential. I authorize CCI and its agents, at their sole discretion, to request any and all information concerning material related to this application. I authorize CCI to communicate information regarding my application and other credential-related information to government authorities, employers, and others.

I agree to comply with the CCI Code of Ethics, all rules, regulations, and policies (now existing or adopted in the future) pertaining to this application and to the standards and renewal of any credential I may receive through CCI.

I hereby release and shall indemnify and hold harmless CCI, its Board of Trustees, officers, committee members, employees, and agents (hereinafter referred to, individually and collectively, as “CCI Entities”) from and against and with respect to any and all liability and claims (including but not limited to losses, costs, expenses, damages, and judgments including legal fees) that arise or allegedly arise from, with respect to, out of, or in connection with any action or omission of the CCI Entities. My agreement hereunder to indemnify and hold harmless expressly is intended to apply to any and all such liability and claims relating to any CCI examination and application therefore, and, if applicable and without limitation, the failure of CCI to issue to me a CCI credential or to renew said credential or pre-existing credential awarded to me, CCI’s revocation of any credential previously issued to me, or CCI’s notification to any person of such actions taken by CCI.

Fees Enclosed
☐ Active CCI credential holder ............ $500 .............. $ 
☐ Non-CCI credential holder ............. $650 .............. $ 

TOTAL .................................................................................. $ 

All fees above include a non-refundable examination filing fee of $100. See page 8 for details.

Method of Payment
☐ Check ☐ Money Order ☐ MasterCard ☐ Visa

Card # ___________________________ Exp. _______________

Name as it appears on card (please print): ___________________________

Signature ___________________________

Falsification of information on any CCI exam application or violation of CCI policies during exam administration will void the examination process/results and cause forfeiture of all fees. In cases where credentials have been awarded, revocation may occur, and the situation may become the subject of legal action.

Applicant’s Signature ______________________________________ Date _______________

Please ensure that your application is signed and dated. Attach the necessary documentation and fees and mail to:
Cardiovascular Credentialing International (CCI) • 1500 Sunday Drive, Suite 102 • Raleigh, NC 27607 • www.cci-online.org

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