

# Basic Echocardiography Credential Pilot Exam Application

**Note: CCI will only recognize this basic echocardiography examination and credential outside of North America.**

Complete the front and back of this application and sign the affidavit before mailing or faxing to CCI. CCI's fax number is +1 919-882-8787. Please make a copy for your records. Please type or print legibly.

**Exam:** Basic Echocardiography Exam

**Price: \$100 USD to the first 100 Pilot Examinees** (Regularly \$180 USD)

Check all that apply:

- Qualification Pathway 1:** Completed a formalized health related educational program
- Qualification Pathway 2:** Currently employed in a health related field of practice

For complete qualification details, required supporting documentation, and credential renewal requirements, go to [www.cci-online.org/BasicEcho](http://www.cci-online.org/BasicEcho)



**Cardiovascular Credentialing International**

1500 Sunday Drive, Suite 102 • Raleigh, NC 27607  
+1 919-861-4539 • Fax +1 919-882-8787  
BasicEcho@cci-online.org • [www.cci-online.org](http://www.cci-online.org)

## Personal Information

Mr.  Mrs.  Ms.  Dr.

Birth date (month/day/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address (include Apt#) \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Employment History

Please provide the following information about your employment in Cardiovascular Technology. Employment Verification Letter must be attached. For complete qualification details and required supporting documentation, go to [www.cci-online.org/BasicEcho](http://www.cci-online.org/BasicEcho).

Place of Employment \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Supervising Physician/Supervisor Name \_\_\_\_\_ Supervisor's Telephone \_\_\_\_\_

## Educational Background

Please provide the following information about your education. Educational transcripts and/or completion certificate must be attached with a Student Verification Letter. For complete qualification details and required supporting documentation, go to [www.cci-online.org/BasicEcho](http://www.cci-online.org/BasicEcho).

Primary Education \_\_\_\_\_ Graduation Date \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

College/Educational Program \_\_\_\_\_ Graduation Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Program Director \_\_\_\_\_ Email \_\_\_\_\_

(Continued) →

### For Office Use Only

Product code/amt/qual (1) _____/_____/_____	ATT file _____	Cust # _____
Product code/amt/qual (2) _____/_____/_____	Approval _____	Order # _____
Product code/amt/qual (3) _____/_____/_____	Date _____	Payment Total _____
		Payment Method _____

# Basic Echocardiography Credential Pilot Exam Application (continued)

Note: CCI will only recognize this basic echocardiography examination and credential outside of North America.

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/Province and Country 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 ([www.cci-online.org/code-of-ethics](http://www.cci-online.org/code-of-ethics)).

- Check this box if you wish to decline having your name and other information appear in the CCI online directory. This directory is provided as a means for the public/employers to locate and verify the status of a Registrant's credential(s). 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
- 30-39
- 40-49
- 50-59
- over 60

### Cardiovascular Experience

- Student
- 2-6 years
- 7-15 years
- 16-20 years
- over 21 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 (USD)

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

### Other Credentials (check all that apply)

- RN
- RT(N)
- RVT
- RT
- Other (please specify) \_\_\_\_\_
- RRT
- LPN/LVN
- RDMS
- RDOS
- DO
- MD

### Professional Membership

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
- 50-99
- 100-199
- 200-399
- 400 or more

### Your Primary Cardiovascular Specialty

- Cardiac Catheterization/Angioplasty
- Echocardiography
- Vascular Ultrasound
- Electrophysiology
- EKG Stress Testing and Holter Monitors
- Other (please specify) \_\_\_\_\_

### Present Position Held

- Staff Technologist
- Director/Administrator
- Academic Instructor
- Other (please specify) \_\_\_\_\_
- Supervisor
- Nurse
- Physician

## Fees Enclosed

### First 100 to apply and qualify to take the Pilot Examination

\$100 USD (Regularly \$180 USD) .....\$ \_\_\_\_\_

\* All exam fees include a \$100 non-refundable filing fee.

Replacement wallet card – \$10 USD. Wall certificate – \$25 USD each plus \$10 USD shipping fee.

## Method of Payment

- Money Order
- MasterCard
- Visa

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

**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.**

## Affidavit

I have read all information pertained 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 documentation of any conviction) or maintain the requirements of 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, individually and collectively, "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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please ensure that your application is signed and dated. Attach the necessary documentation and fees and mail to or fax to +1 919-882-8787:**

Cardiovascular Credentialing International (CCI) • 1500 Sunday Drive, Suite 102 • Raleigh, NC 27607 • [www.cci-online.org](http://www.cci-online.org)