Cardiovascular Credentialing International is pleased to introduce its newest credential

Registered Phlebology Sonographer (RPhS)

This publication contains information about Cardiovascular Credentialing International (CCI)’s new credentialing examination for the Registered Phlebology Sonographer (RPhS). This registry-level credential is awarded through a one (1) part examination process.

It is very important that you read all the information contained in this booklet before completing and submitting an application.

If questions arise after reading this booklet, please contact the CCI national office at 800-326-0268 or via email at ApplicantSupport@cci-online.org.

Application for the exam can be obtained online www.cci-online.org or contact the CCI national office at 800-326-0268.
History

In light of recent policies that will require an ultrasound examination be performed only by credentialed individuals or within credentialed facilities, the American College of Phlebology (ACP) saw a need for a credential that relates to the areas of expertise in phlebology ultrasound. While there are credentials for individuals performing vascular ultrasound examinations—CCI Registered Vascular Specialist (RVS) and ARDMS-Registered Vascular Technologist (RVT)—the vast majority of the content contained in these registry examinations does not relate to the areas of expertise in phlebology ultrasound. Specifically the diagnostic nuances, clinical background, and therapeutic applications that involve phlebology are specialty focused.

In 2007, representatives of CCI met with the American College of Phlebology (ACP) Board of Directors to discuss the creation of a Registry Level Examination and corresponding Registry Level Credential for the field of Phlebology Ultrasound. After successful discussions between CCI and ACP, a Task Force was charged by the CCI Board of Trustees to develop a valid and defensible examination for the purpose of fundamentally knowledgeable associate professionals (sonographers, physicians, nurses, and those employed in the specialty) working the field of phlebology ultrasound.

Who We Are

CCI is a not-for-profit corporation established for the purpose of administering credentialing examinations as an independent credentialing agency. CCI began credentialing cardiovascular professionals in 1968. CCI is governed by a Board of Trustees composed of cardiovascular professionals including members from the following Advisory Bodies:

- American College of Cardiology (ACC)
- American College of Chest Physicians (ACCP)
- American Society of Echocardiography (ASE)
- British Society of Echocardiography (BSE)
- Society of Invasive Cardiovascular Professionals (SICP)

Additional Credentials Administered through CCI

CCI offers credentials which, when earned, demonstrate that the registrant holds fundamental knowledge in the particular cardiovascular specialty.

– Certificate Level –

CCT – Certified Cardiographic Technician
- **Who should apply** – Professionals working in the areas of EKG, Holter monitoring and Stress testing

– Registry Level –

RCCS – Registered Congenital Cardiac Sonographer
- **Who should apply** – Professionals working in the area of pediatric and adult congenital cardiac ultrasound.

RCIS – Registered Cardiovascular Invasive Specialist
- **Who should apply** – Professionals working in the area of Cardiac Catheterization (Invasive)

RCES – Registered Cardiac Electrophysiology Specialist
- **Who should apply** – Professionals working in the area of Electrophysiology

RCS – Registered Cardiac Sonographer
- **Who should apply** – Professionals working in the area of Echocardiography

RVS – Registered Vascular Specialist
- **Who should apply** – Professionals working in the area of Vascular Technology (Vascular Ultrasound)

Registry Level credentials administered by CCI are accredited by the American National Standards Institute (ANSI) based on the ISO/IEC 17024 Accreditation Standard

Additional information and references concerning the process by which candidates may earn the RCCS or other CCI registry credentials can be found in the CCI Examination Application and Overview Booklet found online at www.cci-online.org or by contacting the CCI national office at 800-326-0268.
Job Description for Registered Phlebology Sonographer (RPhS)

A Registered Phlebology Sonographer (RPhS) diagnoses and treats patients by performing diagnostic tests and/or performing or assisting in non surgical, open surgical, and minimally invasive treatments utilizing in depth knowledge of venous diseases, anatomy, and pathophysiology to provide optimal patient outcomes and extend or enhance the quality of patient’s lives.

Examination Qualifications

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 Table 1 on page 4.
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.

See Table 1 on page 4.

Examination Matrix

<table>
<thead>
<tr>
<th>Content Category</th>
<th>Approximate Percentage of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Information, Facility, and Safety</td>
<td>10%</td>
</tr>
<tr>
<td>Diagnose Patients</td>
<td>20%</td>
</tr>
<tr>
<td>Perform Diagnostic Test</td>
<td>30%</td>
</tr>
<tr>
<td>Treat Patients Non-Surgically</td>
<td>12%</td>
</tr>
<tr>
<td>Treat Patients Surgically</td>
<td>28%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

See Content Outline on page 6.
### Qualifications: Non Physician Applicants

<table>
<thead>
<tr>
<th>Qualification Prerequisite #</th>
<th>Qualification Prerequisite</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPhS 1</td>
<td>Hold an active RVS or RVT credential plus six (6) months (full-time or full-time equivalent) of diagnostic ultrasound experience in chronic venous insufficiency at the time of application. AND 25 CME's in last four (4) years documented in CVI disease, ultrasound diagnosis, or vascular anatomy.</td>
<td>Employment Verification Letter (from a supervising physician or credentialed lab director) AND Verification of status as “ACTIVE” from appropriate credentialing agency (example-copy of registrant card) AND CME Documentation (See page 13 for required format)</td>
</tr>
<tr>
<td>RPhS 2</td>
<td>An associate degree or equivalent college hours (62 semester hours) in health, science, natural science, nursing, engineering or any primary science and one (1) year (full-time or full-time equivalent) diagnostic ultrasound experience in chronic venous insufficiency. AND 25 CME's in last four (4) years documented in CVI disease, ultrasound diagnosis, or vascular anatomy.</td>
<td>Completion certificate and/or educational transcripts AND Employment Verification Letter AND CME Documentation (See page 13 for required format)</td>
</tr>
<tr>
<td>RPhS 3</td>
<td>A baccalaureate degree in health, science, natural science, nursing, engineering or any primary science and six (6) months (full-time or full-time equivalent) years of diagnostic ultrasound experience in chronic venous insufficiency at the time of application. AND 25 CME's in last four (4) years documented in CVI disease, ultrasound diagnosis, or vascular anatomy.</td>
<td>Completion certificate and/or educational transcripts AND Employment Verification Letter AND CME Documentation (See page 13 for required format)</td>
</tr>
<tr>
<td>RPhS 4</td>
<td>Two years (full-time or full-time equivalent) experience in diagnostic ultrasound in chronic venous insufficiency at the time of application. AND 36 CME's in last four (4) years documented in CVI disease, ultrasound diagnosis, or vascular anatomy.</td>
<td>Employment Verification Letter AND CME Documentation (See page 13 for required format)</td>
</tr>
</tbody>
</table>

Please note that these qualifications are still under review by the CCI Board of Trustees.

### Qualifications: Physician Applicants

<table>
<thead>
<tr>
<th>Qualification Prerequisite #</th>
<th>Qualification Prerequisite</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPhS 5</td>
<td>Valid license to practice medicine at the time of application AND Holds Certification through the American Board of Phlebology or holds an active RVS, RVT, or RPVI credential AND Performed or directly supervised a minimum of 75 venous ultrasound studies per year for the two years prior to the application.</td>
<td>Copy of Medical License AND Verification of status as “ACTIVE” from appropriate credentialing agency (example-copy of registrant card) AND Notarized letter that from a supervising physician, credentialed lab director, or office manager that verifies the number of venous studies performed or directly supervised and the period of time during which the studies were performed. (Physicians in solo practices may sign off on their letter.)</td>
</tr>
<tr>
<td>RPhS 6</td>
<td>Valid license to practice medicine at the time of application AND Performance and interpretation of at least one hundred (100) venous ultrasound studies per year for each of the two (2) years preceding the submission of this application.</td>
<td>Copy of Medical License AND Verification of status as “ACTIVE” from appropriate credentialing agency (example-copy of registrant card) AND Notarized letter that from a supervising physician, credentialed lab director, or office manager that verifies the number of venous studies performed or directly supervised and the period of time during which the studies were performed. (Physicians in solo practices may sign off on their letter.)</td>
</tr>
<tr>
<td>RPhS 7</td>
<td>Valid license to practice medicine at the time of application AND Completion of a residency or fellowship that includes specialized clinical training in phlebology ultrasound performance and interpretation. Performing or directly supervising venous ultrasound studies, a minimum of 200 obtained during the training program.</td>
<td>Copy of Medical License AND Completion certificate and/or educational transcripts AND Notarized letter from program director/supervisor that verifies the program's length, the number of studies and the period during which the studies were performed.</td>
</tr>
</tbody>
</table>
Sample Documentation

Please refer to the Exam Qualification Prerequisites for the required supporting documentation. The sample letters are intended to be used as a guide for a candidate and their employer and/or educational supervisor.

Validation of Candidacy – Employment Verification:

1) Employer’s original, official letterhead or stationery.
2) Indicate the date the letter was signed by employer/supervisor.
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 hold an active RCES, RCIS, RCS, RDCS, RDMS, RVS or RVT credential.

Validation of Candidacy – Clinical Verification:

1) Clinical Site’s original, official letterhead or stationery.
2) Indicate the date the letter was signed by the clinical supervisor.
3) Indicate the name of the applicant.
4) Indicate the number of venous ultrasound studies.
5) Indicate the time period during which the studies were performed.
6) Original signature of the lab director, supervising physician, office manager.
7) Notarized

Validation of Candidacy – Resident & Fellow Verification:

1) Program’s original, official letterhead or stationery.
2) Indicate the date the letter was signed.
3) Indicate the name of the applicant.
4) Indicate the date or expected date of completion.
5) Indicate the program length, program specialty, the number and venous ultrasound studies performed and/or supervised during training.
6) Original signature of by Division or Department Head or Fellowship Training Director.
7) Notarized
## Examination Content Outline

<table>
<thead>
<tr>
<th>Duties and Tasks</th>
<th>% of Exam</th>
<th>Knowledge Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Maintain Information, Facility, and Safety</td>
<td>10%</td>
<td>Alarm System Function; Archival Equipment; Archival Procedures; Arterial Disease; Available Supplies; Biohazard Protocol; Communicable Diseases; Complementary Imaging; Computer Access Systems; CPR; Emergency Equipment; Emergency Procedures; Equipment Functions And Limitations; Equipment Performance; Ergonomics; Facility Accreditations; Facility Layout; Facility Policy; HIPAA; Insurer Requirements; Lymphatic Disease; Manufacturer’s Recommendations; Medical Statistics; Medical Tests; MSDS; National Standards; Operating Budget; OSHA; Regulations; Patient Conditions; Physics; Potential Hazards; Quality Improvement; Record Release Policies; Red Flag Rules; Repair Protocols; Risk Management; Room Limitations; Scope Of Practice; Service Equipment Contracts; Service Number; State Requirements; Sterile Technique; Technical Support; Test Objectives; Universal Precautions Manual; Vasculitis</td>
</tr>
<tr>
<td><strong>B</strong> Diagnose Patients</td>
<td>20%</td>
<td>Abdominal Veins; Air Plethysmography; Ankle/Brachial Indices; Arterial Anatomy And Pathophysiology; Arteriography; CEAP Classification; Circulatory Diseases; Coagulopathy; Coding; Color Flow Doppler; Complementary Imaging; Continuous Wave Doppler; CT Scan; Duplex Ultrasound; Electronic Medical Records; Embryology; Facility Financial Policies; Facility Insurance Policies; Hemodynamics; HIPAA Regulations; Intravascular Ultrasound; LASER Doppler; Limb Volume Measurement; Limitations Of Diagnostic Tests; Lymphangiography; Medical Diseases; Medicine; MRI; MRV; Pathophysiology; Pelvic Veins; Photo Plethysmography; Plethysmography; Segmental Pressures; Sequelae Of Diseases; Thoracic Veins; Transcranial Doppler; Ultrasound Artifacts; Ultrasound Physics; Ultrasound Protocols; Ultrasound Safety; Vascular Malformations; Vaso Vagal Response; Venous Diseases; Venous Pressure</td>
</tr>
<tr>
<td><strong>C</strong> Perform Diagnostic Test</td>
<td>30%</td>
<td>Abdominal Veins; Adverse Reactions; Air Plethysmography; Anatomy; Arterial Anatomy And Pathophysiology; Arterial Diseases; Cardiac Diseases; Embryology; Hemodynamics; Impedance Plethysmography; Knobology; LASER Doppler; Lymphatic Diseases; Neuropathies; Other Incidental Findings; Pathophysiology; Pelvic Veins; Photo Plethysmography; Plethysmography; Segmental Pressures; Sequelae Of Diseases; Thoracic Veins; Transcranial Doppler; Ultrasound Artifacts; Ultrasound Physics; Ultrasound Protocols; Ultrasound Safety; Vascular Malformations; Vaso Vagal Response; Venous Diseases; Venous Pressure</td>
</tr>
<tr>
<td><strong>D</strong> Treat Patients Non-Surgically</td>
<td>12%</td>
<td>Adverse Effects; Alternative Treatment; Arterial Disease; Arterial Pressure; Benefits Of Conservative Therapies; Call Strengthening Exercises; Cardiac Disease; Cellulitis; Complication And Morbidity; Compression Devices; Compression Therapy; Contact Allergies; Contraindications; Disease Progression; Documentation Procedures; Emergency Protocols; Evaluation Of Treatment Outcomes; Exercise; Health Risks; Hyperpigmentation; Lipedema; Long; Medium; And Short Stretch Materials; Lymphatic System; Lymphedema; Lymphedema Specialists; Manual Lymphatic Drainage Based Complex Decongestive Therapy; Measurement Devices; Non-Compliance Results; Non-Stretch Materials; Paradoxical Embolization; Patient Challenges; Patient Preferences; Perforators; Peripheral Neuropathies; Pharmaceuticals; Phlebitis; Physical Therapy Providers; Resuscitation Procedures; Reticular Veins; Right To Left Shunts (E.G. Pfo); Sclerotherapy Agents; Support Hose Fitting; Telangiectasias; Transillumination; Treatment Failures; Treatment Options; Ulcerations; Ulcers; Universal Precautions; Varicose Veins; Vascular Malformations; Venous Diseases; Venous Matting</td>
</tr>
<tr>
<td><strong>E</strong> Treat Patients Surgically</td>
<td>28%</td>
<td>Abdominal And Pelvic Anatomy; Adverse Effects; Alternative Treatments; AMA Guidelines; Anesthetic; Phlebectomy Protocols; Anatomy; Anesthesia; Cardiac Disease; Chest Vein Anatomy; Circulatory Anatomy And Pathophysiology; Complications; Contraindications; Embolization Agents; Endovenous Chemical Ablation; Facility Standards; FDA Approved Drugs And Devices; Foam Sclerotherapy; Intraabdominal Venous Embryology; Intraoperative Endovascular Therapy; Ionizing Radiation; IRB Rules; Laser Ablation; Laser Safety; Long-Term Expectations; Mechanical Treatment; Medical Ethics; Medical Liability; Minimally Invasive Saphenous Sparing; Open Venous Sparing Protocols; Open Venous Thrombectomy Protocols; OSHA Regulations; Ovarian Vein reflux; Paradoxic Embolization; Pelvic Venous Insufficiency; Percutaneous Venous Thrombectomy; Pulmonary Embolism; Radiation Safety; Radio Frequency Ablation; Right To Left Shunt (E.G. Pfo); Risk-Benefit Ratio; Sclerosing Agents; State Legal Guidelines; Sterile Technique; Subfascial Endoscopic Perforator Surgery; Supporting Staff; Suppurative Thrombophlebitis; Surgical Equipment; Thermal Ablation; Thoracic Veins; Thrombolysis; Treatment Benefits; Treatment Modalities; Treatment Of Deep Vein Thrombosis; Treatment Of Superficial Thrombophlebitis; Upper Extremity Anatomy; Upper Extremity Vascular And Lymphatic Diseases; Venous Angioplasty; Venous Bypass Protocols; Venous Disease; Venous Ligation Protocols; Venous Reconstructive Surgery; Venous Stenting; Venous Stripping Protocols</td>
</tr>
</tbody>
</table>

**Total** | 100% |
References
The textbooks listed in the following section are intended as a recommended resource when preparing for examination. Any general text related to the content on the examination may be used. It is not necessary to use all of the texts identified. They are provided as suggestions only. CCI does not endorse nor recommend any third party review course or material.

2. The Vein Book, John J. Bergan, 2006
4. Sclerotherapy: Treatment of Varicose and Telangiectatic Leg Veins by Mitchel P. Goldman MD, John J. Bergan MD FACS Hon FRCS(Eng), and Jean-Jerome MD Guex MD FACPH, 2006
5. Introduction to Vascular Ultrasonography (Fifth Edition), William Zwiebel, 2004
8. Duplex and Phlebology, Michel Shadeck, 1994

Testing Objectives
The examinations developed and credentials administered by CCI are designed with the following objectives in mind:

1. Establish fundamental assessment of a healthcare professional’s knowledge for the protection of the public.
2. Identify persons with acceptable fundamental knowledge of principles and practices of the profession and related disciplines.
3. Improve the performance in the profession by encouraging participation in a continuing education program of professional development.

Examination Overview
The examination overview is provided as a service of CCI to help candidates prepare for the examination. The examination matrixes are provided to illustrate the general distribution of questions and the relative weight or emphasis given to a skill or content area on the examinations.

Detailed examination outlines can be found beginning on page 5 of this booklet, within the “Applicant Information” section on CCI’s website, or requested from the National Office.

Examination Application Policies

1. A completed original application, with original signature must be submitted. Faxed applications are not accepted.
2. Applications may be sent throughout the year.
3. If an incomplete application is received, the candidate will be contacted by CCI for required information.
4. Transcripts may be forwarded under separate cover. Foreign transcripts require U.S. evaluation. Foreign education transcript evaluators are listed on page 14.
5. CCI will not supply an applicant’s examination information to anyone other than the applicant. Applicants have the right to appeal application qualification decisions, but cannot appeal the criteria upon which decisions are based.
6. Falsification of applicant information may result in disciplinary action or revocation of credential.
7. Special testing requests must be submitted in writing at the time of application and require supporting documentation.
8. Candidates who are reapplying after a period of no greater than six (6) months since failing the examination requested, or who are seeking recertification do not have to enclose transcripts, resumes or letters of verification. CCI reserves the right to request additional information.
9. No information regarding an applicant’s qualification can or will be discussed via telephone, fax or email.

Examination Scheduling
CCI’s credentialing examinations are administered year round at over 200 Pearson Professional Centers (PPC) in the United States and over 3700 Pearson VUE Authorized Centers (PVTC) Internationally. Examination site availability is provided when scheduling your examination with NCS Pearson—do not contact NCS Pearson until you have received an Authorization To Test (ATT) letter from CCI. Available sites may be viewed at: www.pearsontesting.com/cci.
Evaluation Questions

All CCI credentialing examinations consist of 100 or more multiple choice questions. Some of the items on the examination may not be scored. These items are not identified for examination candidates at the time of testing. This is standard practice and enables CCI to evaluate questions which may be used in future examinations. These items are not scored when your examination results are calculated and thus will not affect your score. The time you have been allotted to take the examination has been determined by taking into consideration the number of scored and unscored items.

Comments on the Exam

Each CCI Examination, including individual items, contains an option where a candidate is allowed to make comments pertaining to the exam item and/or the examination. These comments are reviewed by the Examination Committees throughout the year.

Examination Rescheduling

To reschedule your examination, contact the NCS Pearson Call Center at least two full working days in advance of your scheduled appointment. (Please see page 9 for exam cancellation/refund policy.)

- Phone: Call 800-869-4102, 7:00 am to 7:00 pm, Central Standard Time, Monday through Friday. (Outside of the U.S. 952-681-3789)
- Internet: Go to www.pearsontesting.com/cci

If you do not contact the Call Center within two working days of your testing appointment, you can not reschedule the examination.

Examination Rules

A. The only people admitted into the examination room are:
   1. Proctors
   2. Authorized candidates

B. Each approved candidate must present two (2) non-expired IDs (one (1) with a photo) to the proctor upon arrival at the test center.

   Primary IDs:
   - government-issued driver's license
   - state/national ID card
   - military ID (with signature)
   - alien registration card (green card, permanent resident visas)
   - employee ID
   - school ID

   Secondary IDs:
   - any ID on primary list
   - Social Security card
   - ATM card

C. Candidates arriving more than 15 minutes late will not be admitted.

D. Books, personal calculators, calipers, rate rulers, papers or reference material may not be taken into the examination area. No cell phones or pagers.

E. An erasable board and pen will be provided and must be returned to the proctor upon completion of the exam.

F. No smoking, food or drinks are permitted in the examination room.

G. No examinee may leave the room without a proctor’s permission.

H. Questions concerning the content of the exam may not be answered by the proctor. Instructions will be provided before the exam begins. If you do not understand the instructions, ask for clarification. Don’t fail the exam because you were confused about some of the instructions.

I. If you need assistance during testing for any reason (other than related to examination content), a proctor will assist you.

J. Candidates suspected of cheating will be referred to CCI for further investigation and possible invalidation of exam results.

K. A tutorial is offered prior to the test to orient the candidate to computer-based testing. The tutorial does not affect time given to complete the examination.

L. CCI and NCS Pearson reserve the right to reschedule examination dates or eligibility windows due to any unforeseen circumstance.

Non-Discrimination Policy

CCI abides by all federal and state laws prohibiting discrimination solely on the basis of a person’s race, color, creed, national origin, religion, age, sex, marital status or physical disability, except where a reasonable, bona fide occupational qualification exists. CCI’s policy prohibits racial or sexual harassment of any kind. This policy applies to all professionals requesting examination.
Special Accommodations

CCI will provide, upon approved request, reasonable accommoda-
tions including auxiliary aids and services necessary to afford an
individual with a documented disability an equal opportunity
to participate in all services, programs and activities. To request
special accommodations please provide an original letter signed
by the applicant and an evaluator, qualified psychologist, physi-
cian, or other health care professional who specializes in the stated
disability. This letter should include the following:

1. The specific diagnosed disability.
2. The specific functional limitations.
3. Impact of the functional limitations on the individual’s ability to
   participate in the testing activity.
4. What accommodations or assistive devices, if any, would cancel or
   ease the impact of the disability on the candidate’s ability to partici-
   pate in the credentialing process.

Additional documentation required:

1. Verification of the evaluator, psychologist, physician, or health care
   professional credentials and specialty in the diagnosis of the stated
disability.
2. Examples, when possible, of where special accommodations have
   been requested and granted. If no prior accommodations have been
   provided, the evaluator, psychologist, physician, or health care profes-
   sional should include a detailed explanation as to why no accommo-
   dations were given in the past and why accommodations are needed
   now.

REQUESTS FOR SPECIAL ACCOMMODATIONS AND THE
REQUIRED SUPPORTING DOCUMENTATION MUST BE
SUBMITTED WITH EACH APPLICATION, INCLUDING
RE-EXAMINATIONS.

CCI reserves the right to request additional documentation.

Pre-Application Policy Pertaining to
Criminal Matters

Applicants with questions regarding personal criminal matters
may request a pre-application to determine if they qualify for the
CCI credentialing process.

CCI reserves the right to deny an application, revoke the eligibil-
ity of a candidate, or take action against any Registrant who is
convicted, plead guilty, or pleads nolo contendere (no contest) to
an offense which is classified as a misdemeanor or felony which
is directly or indirectly related to patient care or public health.
Crimes which may directly or indirectly relate to patient care or
public health include, but are not limited to murder, attempted
murder, manslaughter, rape, attempted rape, sexual assault, sexual
abuse, assault, driving while intoxicated or impaired, controlled
substance abuse, fraudulently altering medical documentation,
insurance claims, and medical prescriptions.

Pre-Application requests must be made by the Applicant. Pre-
Application requests will not be accepted from any third party,
including but not limited to educational programs. A $50.00 USD
fee is required at the time of Pre-Application, this fee is non-
refundable.

For Pre-Application Procedures please go to the Applicant Infor-
mation Section on CCI’s website, www.cci-online.org

Emergencies

If you experience the death of an immediate family member, have
suffered a serious illness or injury which required hospitalization,
or other event causing emotional distress, and such events conflict
with the administration of your examination, then you may be
permitted to reschedule your examination authorization window
without penalty, upon approval from CCI. All such instances must
be documented within three (3) days of the initially scheduled ex-
amination date and submitted in writing to the CCI national office.

Exam Cancellation/Refund Policy

Applicants who cancel an examination after ATT (authorization to
test) has been processed, but before three (3) working days of the
test date, will receive a refund minus the $100 exam filing fees.

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

NCS Pearson 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 three (3) working days of the test date
are non-refundable.

Refunds, minus $100 filing fee per exam, will be given only if
above policies are followed. Applicant must submit a signed
request for cancellation and refund.
CCI Code of Ethics

The purpose of the CCI Code of Ethics is to acknowledge the 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: Certified Cardiographic Technician (CCT); Registered Cardiovascular Invasive Specialist (RCIS); Registered Cardiac Electrophysiology Specialist (RCES); Registered Cardiac Sonographer (RCS); and 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. Certificants 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 certification.

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

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

4. As a credentialed cardiovascular technologist/technician, 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, 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, I will represent my qualifications honestly and provide only those services for which I am qualified to perform.

7. As a credentialed cardiovascular technologist/technician, 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, 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, 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, I will voluntarily report any criminal behavior resulting in a conviction of a misdemeanor or felony.

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

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

13. As a credentialed cardiovascular technologist/technician, I will engage only in legal arrangements and practices in the healthcare field.

14. As a credentialed cardiovascular technologist/technician, 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, 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, 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.
Sample Results Letter

Candidates will receive an official results letter approximately two to three weeks after taking their examination.
Once You Have Earned Your Credential

CCI credentials are professional achievements which demonstrate fundamental knowledge in a cardiovascular technology specialty. Each Registrant should be proud of their credential and understand that the process of credentialing does not end once they have passed an examination. Maintaining your credential’s active status requires not only the payment of renewal fees, but also continuing education advancement in your professional career.

Credential Renewal is a three-part process:

1) Paying a Triennial Renewal Fee once every three (3) years; and

Triennial Renewal Fee is $150 USD

<table>
<thead>
<tr>
<th>When credential is earned...</th>
<th>First Renewal End Date</th>
<th>Second Renewal Cycle – when CEUs are due</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 to December 31, 2009</td>
<td>September 30, 2010</td>
<td>September 30, 2013</td>
</tr>
<tr>
<td>April 1 to June 30, 2010</td>
<td>March 31, 2011</td>
<td>March 31, 2014</td>
</tr>
<tr>
<td>July 1 to September 30, 2010</td>
<td>June 30, 2011</td>
<td>June 30, 2014</td>
</tr>
</tbody>
</table>

2) Signature of compliance to the CCI Code of Ethics found on page 8; and

3) Submitting evidence of required CEUs (36 for Registry Level registrants and 16 for CCT and CRAT registrants)

- Registrants with Registry Level Credentials (RCCS, RCES, RCIS, RCS, RPhS, RVS) are required to earn **36 contact hours every triennial cycle,** **30 of which must be cardiovascular-related.**
- Registrants with CCT credentials are required to earn **16 contact hours every triennial cycle.**
- If you hold multiple credentials, the requirement is **36 total, 30 of which must be cardiovascular-related.**
- Passing a CCI recertification examination during your current triennial cycle will satisfy the CEU requirements for your current triennial cycle. (Passing recertification examination does not substitute the triennial renewal fees.)
- Only college credits that are approved by one of the following entities will be accepted. It is the Registrant’s responsibility to obtain the appropriate certificate with CE approval.

CEUs must be obtained from one of the following CCI-approved CE activities:

- **Category 1** – Continuing Medical Education (CME) Units from Accredited Sponsors of the Accreditation Council for Continuing Medical Education (ACCME),
- **Category A** – contact hours from Accredited Providers of Continuing Education in Nursing by the American Nurses Credential Center (ANCC) or one of its Accredited Approvers,
- **Category A** – contact hours from organizations that utilize the American Registry of Radiologic Technologists (ARRT) Recognized Continuing Education Evaluation Mechanism (RCEEM),
- Continuing Education Contact Hours from a Board of Registered Nursing (BRN) – approved Continuing Education Providers (CEPs),
- Alliance of Cardiovascular Professionals (ACVP),
- American Academy of Physician Assistants (AAPA),
- American Association of Critical Care Nurses (AACCN),
- American Association of Medical Assistants (AAMA),
- American College of Cardiology (ACC),
- American College of Chest Physicians (ACCPC),
- American College of Phlebology (ACP),
- American College of Radiology (ACR),
- American Heart Association (AHA),
- American Society of Echocardiography (ASE),
- American Society of Radiologic Technology (ASRT),
- Association of Vascular and Interventional Radiographers (AVIR),
- North American Society of Pacing and Electrophysiology (NASPE),
- Society of Cardiac Angiography and Intervention (SCAI),
- Society of Diagnostic Medical Sonography (SDMS),
- Society of Invasive Cardiovascular Professionals (SICP),
- Society of Vascular Ultrasound (SVU).
Certificate of Attendance

The American Society of Echocardiography certifies that <First Name> <Last Name> has participated in the educational activity entitled “17th Annual ASE Scientific Sessions, June 3-7, 2006, Baltimore, MD.”

The activity was designated for 31.0 AMA PRA category 1 credits.

Number of hours attended: <Hours>

Mary Alice Dilday
Associate Executive Director
2100 Gateway Centre Blvd • Suite 310 • Morrisville, NC 27560

Credential Renewal Policy

The renewal of your CCI credential is a three-part process:

Part 1: Submission of triennial renewal fees

Part 2: Signature of compliance to the CCI Code of Ethics

Part 3: Submission of required triennial Continuing Education Units (CEUs)

- Registry Level Registrants (RCCS, RCES, RCIS, RCS, RPhS, RVS) must accrue 36 CEUs every triennial cycle, 30 of which must be cardiovascular-related.

- Certificate Level Registrants (CCT, CRAT) must accrue 16 CEUs every triennial cycle.

- If a Registrant re-takes and passes their specialty examination, or another Registry Level Examination, the CEU requirement for that triennial cycle will be fulfilled.

All CEU Certificates must contain the following information:

1. The Registrants name.

2. The date of the Continuing Education Program.

3. The name of the Continuing Education Program.

4. The name of the sponsoring body.

5. The name of the CEU provider.

6. The number of CEUs or CMEs awarded.

Please see page 12 for further details.
General Rules

1. For Registry Level candidates except for RCES, the Cardiovascular Science and the Specialty Registry examination of a candidate’s choice must be completed within a three (3) year period. Failure to pass both examinations in a three (3) year period will require the candidate to reapply and take the examination previously passed.

2. Candidates who fail an examination and wish to apply to sit for the same examination again, must complete a new application and submit the required fees. Attaching supporting documentation is not required if re-application is submitted within six (6) months of previous application. There is a mandatory waiting period of 45 days, after the previous examination, before a new authorization to test is issued.

   Applicants who pass the credentialing examination(s) will receive a certificate describing their credential and the specialty in which they are registered. This certificate expires on the date of the first renewal.

3. Registrant wallet cards are provided to successful exam candidates and expire on the date of first renewal. Triennial wallet cards are provided upon renewal of credentials.

4. Maintenance of an “active status” for Registry and CCT credentials requires the submittal of triennial renewal dues, signature of compliance to the CCI Code of Ethics, and the completion of Continuing Education Units (CEUs) every three years. For Registry Level credentials, 36 CEUs (30 of which must be cardiovascular-related) are required every three years. For the CCT credential, 16 CEUs are required every three years. Go to the section in this application booklet titled “Once you have earned your credential” on page 10 or www.cci-online.org for further details.

5. An Active Status registrant may re-take a specialty examination that he or she has already passed without penalty for a Recertification Fee. This may occur once during a triennial (3-year) period. A passing grade will fulfill the CEU requirements for the current triennial cycle.

Payment of Fees

Payment of fees may be made by check, money order, MasterCard or VISA. Cash is not accepted. Applicants must not have outstanding financial obligations to CCI. All expenses related to the examinations are the responsibility of the applicant. Complete, approved applications will receive an authorization to test (ATT) within 15 business days after the application has been approved.

Check Acceptance Policy

When you pay by check you expressly authorize CCI, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee of $25 (or the legal limit) plus any applicable sales tax. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms. If your check is dishonored or returned for any reason your Authorization To Test (ATT) will be deactivated until payment is completed. Credentials will not be awarded to any candidate with an outstanding balance owed to CCI.

International Applicants

Candidates applying for examination outside the United States will be assigned a Candidate number. Completion of the social security section on the application is not required. Canadian applicants should enter their Canadian insurance number in the social security section of the application. All examination fees should be made payable in US funds by money order or certified check.

Foreign applicants who have the equivalent education to meet certification or registry qualifications must provide a valid U.S. evaluation of educational transcripts prior to examination. See below for a list of education evaluators.

** International applicants must include an additional charge of $50 for exam delivery. This fee applies to all applicants outside of North America.

Foreign Education Transcript Evaluators

Commission on Graduates of Foreign Nursing Schools – 3600 Market St., Suite 400, Philadelphia, PA 19104; (215) 349-8757; www.cgfns.org
Educational Credential Evaluators, Inc. – 260 East Highland Ave, Suite 300, Milwaukee, WI 53202; (414) 289-3400; www.ece.org
Foundation for International Services, Inc. – 19015 North Creek Pkwy, Suite 103, Bothell, WA 98011; (425) 487-2245; www.fis-web.com
Global Education Group – 1205 Lincoln Raod, Suite 218, Miami Beach, FL 33139; (305) 534-8746; fax (305) 534-3487; www.globaledu.com
International Educational Research Foundation, Inc. – PO Box 66940, Los Angeles, CA 90066; (310) 390-6276; www.ierf.org
World Education Services, Inc. – PO Box 745, Old Chelsea Station, New York, NY 10113; (212) 966-6311; www.wes.org
RPhS Exam Application Instructions

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

1. Circle the corresponding number for the qualification under which you are applying.
   (See page 16 for qualification details.)

2. 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 reapplying, please list the date(s) and grade(s) of your previous examination(s). You must supply current supporting documentation if it has been over six (6) months since the date of your original application.

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

4. Please type or print legibly your home/mailing address and email address.

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

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

7. Please affix all required supporting documents (see pages 4-5).

8. Please fill out all relevant demographic information on the reverse side of the application (page 17).

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

10. Read and sign the Affidavit (see page 17).

11. Enclose all required payments. (International Applicants: Enclose additional $50 International Fee.)

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

13. Mail form, required documents and payment to:

   Cardiovascular Credentialing International (CCI)
   1500 Sunday Drive, Suite 102
   Raleigh, NC 27607
CCI Registered Phlebology Sonographer (RPhS) Pilot Exam Application

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 15. Please type or print legibly. Do not fax this application – original signature is required.

Exam Price Qualification Number (See Table 1 page 3 for details)
Check one or more:
RPhS……………$175……………☑ RPhS1 ☑ RPhS2 ☐ RPhS3 ☑ RPhS4
☑ RPhS5 ☑ RPhS6 ☑ RPhS7

CCI Examinations previously taken: __________ __________ __________
Date of previous CCI examinations: __________ __________ __________

Personal Information

Social Security Number (or Canadian Insurance #) ____________-________-________________ Birth date (month/date/year) ________/_______/_______
☑ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

First Name _______________________________________ Middle Initial _____ Last Name _______________________________________

Street Address (include Apt#)
________________________________________________________________________________________________________

City ___________________________________________ State ________ Zip Code _________________ Country _________________________________

Home Telephone _________________________ Work Telephone _________________________ Email __________________________________________

Employment History

Please provide the following information about your employment in Cardiovascular Technology. Employment Verification Letter (sample found on ??) must be attached.

Place of Employment ________________________________________________ Dates of Employment: From ________/_______ to ________/_______

Position/Title _________________________________________________________________________________________________________

Street Address ______________________________________________________

City ___________________________________________ State ________ Zip 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 Verification Letter (sample found on page 5). (If you are applying under qualifications RPhS2 or RPhS3, Student Verification Letter not required.)

High School/GED ___________________________________________________________________________ Graduation Date _________________

City ___________________________________________ State ____________________________

College/Educational Program ____________________________________________________________

Graduation Date __________ Degree Obtained __________________________

Address __________________________________________________________________________

City ___________________________________________ State ____________________________

Program Director ___________________________________________ Telephone _________________________

(Continued) ➔

For Office Use Only

Product code/amt/qual (1)______/______/_____________ ATT file

Cust # __________________________

Order # _________________________

Product code/amt/qual (2)______/______/_____________ Approval

Payment Total _________________________

Product code/amt/qual (3)______/______/_____________ Date

For Office Use Only: Cust # __________________________, Order # _________________________, Payment Total _________________________, Payment Method _________________________

Application Publication Date: November 2009. This application supercedes all documentation previously released.
CCI RPhS Pilot Exam Application (continued)

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 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

Cardiovascular Experience
☐ Student
☐ 2-6 years
☐ 7-15 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
☐ $15,000-19,999
☐ $20,000-24,999
☐ $25,000-29,999
☐ $30,000-34,999
☐ $35,000-39,999

Other Credentials (check all that apply)
☐ RN
☐ RT(N)
☐ BVT
☐ RT
☐ Other (please specify)

Professional Membership (check all that apply)
☐ AARC
☐ AGA
☐ ACCP
☐ ACP
☐ 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
☐ 50-99
☐ 100-199
☐ 200-399
☐ 400 or more

Other Credentials (check all that apply)
☐ RN
☐ RT(N)
☐ BVT
☐ RT
☐ Other (please specify)

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)

Racial/Ethnic Background
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Asian Indian
☐ Asian Oriental
☐ African American
☐ Caucasian
☐ Mexican American
☐ Hispanic
☐ Puerto Rican
☐ Other (please specify)

Fees Enclosed

RPhS Registry Pilot Examination ($175).................................$

International Fee ($50) .........................................................$
(for individuals currently residing outside of North America)

Total................................................................. $

* All exam fees include a $100 non-refundable filing fee. Other fees may include: Rescore Requested – $50; International Fee – $50; Returned Check Fee – $25. Replacement wallet cards – $10. Replacement certificates – $10.

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 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 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:

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