

AIUM

Ultrasound Practice Accreditation

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Laurel, MD

Accreditation:

A voluntary peer review process that

- Assesses the strengths of the practice
- Identifies weaknesses in the practice
- Initiates changes to strengthen and improve the practice
- Encourages the acceptance of guidelines for the performance of ultrasound examinations

Completing the application creates an opportunity for a practice to assess its strengths and weaknesses. The practice can initiate changes even before submitting the application.

AIUM currently offers accreditation in the following ultrasound specialties:

- **Abdominal/general**
 - *Does NOT include Breast, Obstetric, Gynecologic ultrasound, or Fetal Echocardiography*
 - *MAY include Thyroid/Parathyroid, and/or MSK ultrasound*
- **Breast (diagnostic and/or interventional)**
- **Gynecologic**
- **Obstetric (complete or trimester specific)**
- **Fetal Echocardiography**
- **Dedicated Thyroid/Parathyroid**
- **Dedicated MSK**
- **Ultrasound in the Practice of Urology**

Does accreditation make a difference?

The Accreditation of Ultrasound Practices:
Impact on Compliance with Minimum Performance Guidelines

Abuhamad, Benacerraf, Woletz, Burke
JUM 2004; 23:1023-1029

	Applications meeting OB case study requirements with initial submissions	Applications meeting GYN case study requirements with initial submissions
Initial applications submitted in 2000-2001	57.3%	61.4%
Reaccreditation applications submitted in 2003-2004	86.6%	91.9%
Initial applications submitted in 2003-2004	68.8%	64.4%

How much does it cost to apply?

A non-refundable application fee must be submitted with the completed application. The fee is determined by the size of the practice and the number of specialties in which it seeks accreditation.

Notes:

When applying in both OB and GYN, the two are priced as a single specialty.

Practices that offer diagnostic ultrasound exams at multiple sites may use a single application if

- There is one physician director of ultrasound overseeing all of the sites and/or units
- Practice policies, protocols, and diagnostic criteria are identical
- There must be comparable equipment and maintenance for all sites/units

Calculating the Accreditation Fee

Number of machines at the site with the greatest number of machines (“the principal site”)	One Specialty	Two or More Specialties
1	\$1000	\$1300
2	1000	1500
3	1200	1700
4	1400	1900
5	1600	2100
>5	2000	2500

Number of machines at additional site	Fee per additional site
1 - 2	\$150
3 - 5	200
>5	250

Mobile units in addition to “base/principal site”	Designated base site fees = \$150/additional mobile unit.
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Getting Started

Go to: <http://www.aium.org/accreditation/gettingStarted.aspx>

Step 1. Review the following:

- [AIUM Standards and Guidelines for the Accreditation of Ultrasound Practices](#)
- [AIUM Performance Guidelines for the performance of ultrasound exams in the specialty or specialties in which you seek accreditation.](#)

Accreditation may be obtained in the following areas:

- Abdominal/General Ultrasound;
 - Breast Ultrasound (Diagnostic or Interventional);
 - Dedicated Thyroid/Parathyroid Ultrasound;
 - Dedicated Musculoskeletal Ultrasound;
 - Fetal Echocardiography;
 - Gynecologic Ultrasound;
 - Obstetric or Trimester-Specific Obstetric Ultrasound
 - **Ultrasound in the Practice of Urology**
-
- [AIUM Training Guidelines for Physicians Who Evaluate and Interpret Diagnostic Ultrasound Examinations and AIUM Training Guidelines for the Performance of Ultrasound Examinations in the Practice of Urology](#)
 - [Case Study Submission Requirements](#)
 - [Accreditation Fees Estimator Worksheet](#)


Step 2. Assemble the following information/documents and have them easily accessible when completing the online application:

- The preferred mailing address, phone and fax numbers, and practice URL (if applicable)
- The name and contact information for the person designated as the physician director of ultrasound.
- The name and contact information for the designated contact person (the physician director of ultrasound may also serve as the contact person).
- A list of all interpreting physicians including the physician director of ultrasound, their certificates from residency or fellowship, board certifications, and/or ultrasound certifications, and current medical licenses
- The ultrasound specialty/specialties in which the practice seeks accreditation and the annual volume of ultrasound exams in each specialty
- A list of all sonographers and any other non-physicians who perform ultrasound, their ultrasound training, and current ARDMS or ARRT cards
- A list of each ultrasound machine's make, model, the year it was acquired, the serial number, and its preventive maintenance records
- Policies, procedures, and ultrasound examination protocols
 - Physician and sonographer coverage
 - Image and record retention
 - Preliminary and/or final reports
 - Patient safety
 - Incident reporting
 - Universal precautions
 - Quality Assurance

The online application:

The association for medical ultrasound
aium
AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE

It's your | professional edge It's your | continuing education source It's your | networking resource It's your | ultrasound affiliation
It's your | continuing education source It's your | networking resource It's your | ultrasound affiliation It's your | professional edge
It's your | networking resource It's your | ultrasound affiliation It's your | professional edge It's your | continuing education source
It's your | ultrasound affiliation It's your | professional edge It's your | continuing education source It's your | networking resource




[Log In](#) |

Accreditation Application Log In

Application ID:
Password: [I forgot my password](#)

Reaccrediting?
Contact Accreditation for your application login.
accreditation@aium.org or 301-498-4100 or 800-638-5352

New to Accreditation? 
[Create an account here.](#)
[Accreditation Requirements and Fees](#)

Need Help?

Want to change your password?
[Create your new password here.](#)

Still having problems?
If you have additional questions concerning your application, please contact Accreditation at accreditation@aium.org or 301-498-4100 or 800-638-5352.

© American Institute of Ultrasound in Medicine 14750 Sweitzer Lane, Suite 100 · Laurel, MD 20707 Phone: 301-498-4100 [Contact Us](#)

1. *Edit Your Contact Information*

[Return to Dashboard Without Saving](#)

Name of ultrasound practice as it should appear on formal documents and accreditation certificate:

Urology Ultrasound

Physician Director of Ultrasound:

Dr. Mr. Ms. Prof.

First Name:

Middle Name:

Last Name:

Jr. Sr. II III IV None

Credentials:

E-mail:

Contact:

Dr. Mr. Ms. Prof.

First Name:

Middle Name:

Last Name:

Jr. Sr. II III IV None

E-mail:

Mailing Address:

Address: (line 1)

(line 2)

(line 3)

City:

State/Province: ▼

Country: ▼

Postal Code:

Phone: Ext:

Fax: Ext:

Website: (*http://www.domain.com/*)

Accreditation Dashboard










Click on each section below to complete, edit, or review the required information.

 indicates that all required fields have been completed.

 indicates that not all required information has been entered.

 indicates that additional information is available.

Please be sure that all personnel, sites/mobile operations, and ultrasound equipment have been entered before submitting the application. Sections can be edited until the application is submitted.

Status	Application for: Urology Ultrasound	
	1. Edit Your Contact Information Application ID: 175160 Director: Dr. John Doe, MD uu@test.com Contact: Ms. Jane Doe uu@test.com	Mailing Address: 1 Spring Ln Pleasantville, NY United States 00000 Phone: 2222222222
	2. Provide an Overview of Your Practice	
	3. Describe Your Practice's Document Storage and Record-Keeping Policies	
	4. Describe Your Practice's Patient Safety and Quality Assurance Protocols	
	5. Facilities A. Add/Edit Your Facilities	Total Fixed Sites Added: 0 Mobile Unit Added: No
	B. Add the Ultrasound Equipment Associated with Each Facility	
	6. Personnel A. Add/Edit Your Physicians	Total Physicians Added: 0
	B. Add/Edit Your Sonographers	Total Sonographers Added: 0
	C. Add/Edit Your Other Personnel	Total Other Personnel Added: 0
	7. Final Review and Submit Application	

2. Overview of Your Practice

[Return to Dashboard Without Saving](#)

Instructions: You must complete each question on this page before clicking the "Save Changes" button. It may be helpful to type your answers in Microsoft Word, then copy and paste them into the appropriate fields when you are ready to submit this form.

1. Complete only those areas in which the practice is applying for accreditation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Breast - Diagnostic | <input type="checkbox"/> Breast - Interventional |
| <input type="checkbox"/> Obstetric - First Trimester | <input type="checkbox"/> Obstetric - Second Trimester | <input type="checkbox"/> Obstetric - Third Trimester |
| <input type="checkbox"/> Gynecologic | <input type="checkbox"/> Dedicated Thyroid/Parathyroid | <input type="checkbox"/> Dedicated Musculoskeletal |
| <input type="checkbox"/> Fetal Echocardiography | <input type="checkbox"/> Urology | |

2. Indicate the practice's specialty(ies), checking all that apply. These may or may not be the specialties in which the practice seeks accreditation:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Family Practice |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Infertility | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Maternal-Fetal Medicine |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Phys Med & Rehab | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Sports Med | <input type="checkbox"/> Urology | | |

3. Indicate the type of practice, checking all that apply:

- Clinic Hospital-based Mobile Private Office

4. Describe the practice's policy for providing ultrasound coverage when physician(s) and/or sonographer(s) are on vacation, at conferences, on sick leave, or are otherwise unavailable. Covering physicians or sonographers must meet the [AIUM Standards and Guidelines for the Accreditation of Ultrasound Practices](#) and [AIUM Training Guidelines for Physicians Who Evaluate and Interpret Diagnostic Ultrasound Examinations](#):

5. Indicate whether the practice is in compliance with OSHA (Occupational Safety and Health Administration) regulations:

- Yes No

Helpful Hint: If you are not returned to the Application Dashboard after clicking "Save Changes", then you still need to complete one or more required fields on this page. Required fields will be flagged with a bright red error message.

3. Your Practice's Document Storage and Record-Keeping Policies

[Return to Dashboard Without Saving](#)

Instructions: You must complete each question on this page before clicking the "Save Changes" button. It may be helpful to type your answers in Microsoft Word, then copy and paste them into the appropriate fields when you are ready to submit this form.

1. Indicate whether all final reports are read and signed by an interpreting physician:

Yes No

From *AIUM Practice Guideline for Documentation of an Ultrasound Examination*: The final report should be generated, signed, and dated by the interpreting physician in accordance with state and federal requirements. (Electronic signature, transmission, and storage of the report is acceptable if patient privacy is ensured and legal requirements are met.)

If no, describe details regarding instances in which final reports are not signed by the interpreting physician, and explain who other than the interpreting physician may sign the final report:

/

2. Indicate whether copies of images and final interpretations are maintained in the patient files:

Yes No

If no, provide a description of where the images and final interpretations are maintained:

/

3. Indicate whether prior studies (images and reports) are available for comparison with new studies:

Always Usually Sometimes Never

If not always, explain:

/

4. Indicate whether records (images and reports) are kept for a length of time that meets or exceeds all applicable state and federal regulations:

Yes No

[Save Changes](#)

Helpful Hint: If you are not returned to the Application Dashboard after clicking "Save Changes", then you still need to complete one or more required fields on this page. Required fields will be flagged with a bright red error message.

4. Your Practice's Patient Safety and Quality Assurance Protocols

[Return to Dashboard Without Saving](#)

Instructions: You must complete each question on this page before clicking the "Save Changes" button. It may be helpful to type your answers in Microsoft Word, then copy and paste them into the appropriate fields when you are ready to submit this form.

1. What steps are taken to ensure that the appropriate study is performed on the correct patient:

/

2. Are ultrasound-guided invasive procedures performed:

Yes No

3. Indicate the checking all the

Verbal V

4. What percent business day:

%

5. Indicate whe

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Preliminary req
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physician prior
which is releas

Yes No

6. Indicate whe

Yes No

2. Are ultrasound-guided invasive procedures performed:

Yes No

If yes:

Describe how the practice verifies patient identification, the type of procedure planned, and the appropriate procedure site(s) before beginning the procedure:

Describe how the practice verifies that specimens are correctly collected and labeled:

Describe how the practice clearly defines the steps required to hand-off specimens and assigns the personnel responsible for the specimen at each step:

4. Your Practice's Patient Safety and Quality Assurance Protocols

[Return to Dashboard Without Saving](#)

Instructions: You must complete each question on this page before clicking the "Save Changes" button. It may be helpful to type your answers in Microsoft Word, then copy and paste them into the appropriate fields when you are ready to submit this form.

1. What steps are taken to ensure that the appropriate study is performed on the correct patient:

2. Are ultrasound-guided invasive procedures performed:

Yes No

3. Indicate the process(es) used to report incidents, accidents, untoward effects, or complications that may arise with patients, visitors, or staff, checking all that apply:

Verbal Written Formal Other

4. What percentage of signed, final reports are available within 24 hours of completion of the exam or, for non-emergency cases, by the next business day:

%

Verified (signed) final reports must be available within 24 hours of completion of the examination or, for nonemergency cases, by the next business day; exceptions to this time frame must be clarified.

5. Indicate whether preliminary reports are released to the referring physician:

A preliminary report is a written or verbal report released prior to being signed by the physician. Preliminary reports for fetal biometry, biophysical profiles, and viability may be given by a sonographer who is ARDMS-registered in that specialty, as long as the results are normal and the final report is completed within 2 hours; this preliminary report would be equivalent to a worksheet and would not include recommendations or an impression. All reports other than biometry, biophysical profiles, and viability must be reviewed by a physician prior to being released. If preliminary reports are issued, the reports must be labeled "Preliminary Report." A sonographer worksheet which is released only to the interpreting physician is NOT a preliminary report.

Yes No

6. Indicate whether the practice has policies to prevent the transmission of infectious disease (universal precautions):

Yes No

5. Indicate whether preliminary reports are released to the referring physician:

A preliminary report is a written or verbal report released prior to being signed by the physician responsible for giving the final interpretation. Preliminary reports for fetal biometry, biophysical profiles, and viability may be given by a sonographer who is ARDMS-registered in that specialty, as long as the results are normal and the final report is completed within 2 hours; this preliminary report would be equivalent to a worksheet and would not include recommendations or an impression. All reports other than biometry, biophysical profiles, and viability must be reviewed by a physician prior to being released. If preliminary reports are issued, the reports must be labeled "Preliminary Report." A sonographer worksheet which is released only to the interpreting physician is NOT a preliminary report.

Yes No

If yes:

Describe who prepares the preliminary report, who reviews it prior to release, under what circumstances it is released, and who releases it:

Describe the policies and procedures for reconciliation of preliminary and final reports:

If preliminary reports are issued, the reports must be labeled "Preliminary Report."

A written policy for communicating the potential differences and changes that may arise between the interpretation of the final report and the preliminary report must be in place for any practice that generates preliminary reports.

If the practice permits, preliminary obstetric reports for fetal biometry, biophysical profiles, and viability may be released before review by the interpreting physician if all of the following criteria are met:

1. The examination must be performed by a sonographer who is ARDMS registered in obstetric/gynecologic ultrasound;
2. The preliminary report would only include biometry and/or biophysical profile results and/or fetal cardiac activity;
3. The results are normal; and
4. The final report is complete within 2 hours.

All other reports must be reviewed by a physician before being released.

6. Indicate whether the practice has policies to prevent the transmission of infectious disease (universal precautions):

Yes No

7. Indicate whether the practice uses endocavitary transducers and/or transducers for intra-operative ultrasound guidance:

Yes No

If yes, indicate the frequency and method of high level disinfection:

As Needed Daily After Every Use

Guidelines for Cleaning and Preparing Endocavitary Ultrasound Transducers Between Patients

Name of Disinfectant:

Minimum Soaking Time: minutes

8. Describe how the ALAP

9. With whom do the interpreting physician

Endocavitary probes must be **covered with a condom or probe cover during use** and must **undergo high level disinfection after every use**.

Steps to disinfect the probes:

1. Remove and discard the probe cover, and wipe off gel and debris
2. Wash the transducer with a mild soap and water. A soft brush may be used to remove debris
3. Dry the transducer and soak it in an approved high level disinfectant for a length of time that meets or exceeds FDA requirements.
(see **FDA-Cleared Liquid Chemical Sterilants/High Level Disinfectants** at <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm194429.htm>)
4. Rinse the probe under running water and wipe dry.

10. Describe the practice's quality assurance and 3) contents, accuracy, and timeliness

ation,

6. Indicate whether the practice has policies to prevent the transmission of infectious disease (universal precautions):

Yes No

7. Indicate whether the practice uses endocavitary transducers and/or transducers for intra-operative ultrasound guidance:

Yes No

8. Describe how the ALARA (As Low As Reasonably Achievable) principle is implemented by the practice:

/

9. With whom do the interpreting physicians discuss difficult cases:

/

10. Describe the practice's quality assurance program to assess 1) completeness and technical quality of sonogram 2) accuracy of interpretation, and 3) contents, accuracy, and timeliness of reports:

As Low As Reasonably Achievable (ALARA) Principle

Approved March 16, 2008

The potential benefits and risks of each examination should be considered. The ALARA (As Low As Reasonably Achievable) Principle should be observed when adjusting controls that affect the acoustical output and by considering transducer dwell times. Further details on ALARA may be found in the AIUM publication "Medical Ultrasound Safety."

6. Indicate whether the practice has policies to prevent the transmission of infectious disease (universal precautions):

Yes No

7. Indicate whether the practice uses endocavitary transducers and/or transducers for intra-operative ultrasound guidance:

Yes No

8. Describe how the ALARA (As Low As Reasonably Achievable) principle is implemented by the practice:

/

9. With whom do the interpreting physicians discuss difficult cases:

/

10. Describe the practice's quality assurance program to assess 1) completeness and technical quality of sonogram 2) accuracy of interpretation, and 3) contents, accuracy, and timeliness of reports:

The practice must show ongoing monitoring of the clinical practice's personnel performance, including all physicians and sonographers. The practice must demonstrate regular peer review; the diagnostic interpretations and technical merit of images generated by the practice must be evaluated for image clarity and diagnostic accuracy.

The practice must obtain regular correlation of ultrasound diagnosis of normal and abnormal studies with clinical, radiographic, laboratory, surgical, and pathologic findings; a record of this must be maintained and kept current. Information obtained should be disseminated to both physician and sonographer personnel of the ultrasound practice in a timely fashion.

11. How is follow-up obtained to compare the clinical/pathological outcome with ultrasound diagnoses of normal and abnormal studies:

/

12. What steps are taken when the outcome of a case differs from the ultrasound diagnosis:

/

13. Describe how oversight and advice are given to sonographers:

/

14. Describe the steps taken at each location if a patient needs medical care or study findings need immediate attention:

/

5. A. Your Facilities

Add/Edit a Facility's Profile

[Return to Your Facilities Without Saving](#)

This facility is a:

Fixed Site  Mobile Unit Operation 

Name of ultrasound practice as it should appear on formal documents and accreditation certificate:

Urology Ultrasound

Address:

Address: 1 Spring Ln (line 1)

(line 2)

(line 3)

City: Pleasantville

State/Province: New York

Country: United States

Postal Code: 00000

Phone: 2222222222

Ext:

Fax: 3333333333

Ext:

Website:

(http://www.domain.com/)

Instructions: Indicate which of the specialties for which you seek accreditation are performed at each site and/or mobile operations. Only those specialties listed on the overview of your practice may be selected.



Select a specialty from the drop-down menu, indicate the annual volume of ultrasound cases performed at the site, and whether this is the principal site for the specialty. If you wish to save the information entered, click + (add this specialty). This information can be edited by clicking on the pencil.

One facility must be designated as "principal" for each specialty. The principal facility for each specialty is usually where the majority of cases in the specialty are performed. One site (or mobile operations) may be the principal site for multiple specialties.

Facility Specialties

Urology Ultrasound, 1 Spring Ln

Description of Specialties:

Specialty	Annual Volume	Principal
  Urology	300	Yes

5. B. Your Equipment

[Return to Dashboard](#)

From *AIUM Standards and Guidelines for the Accreditation of Ultrasound Practices*:

- The ultrasound equipment must meet all state and federal guidelines.
- Studies must be conducted with real-time equipment, and transducers must be available with a frequency range that will optimize beam penetration and resolution.
- Instrumentation used for diagnostic testing must be maintained in good operating condition and undergo routine calibration at least once a year.
- All equipment must be serviced at least annually, according to the manufacturers specifications or, more frequently, if problems arise.

Total Equipment	Facility
0	Urology Ultrasono, 1 Spring Ln

Equipment Specifications:

Located at: Urology Ultrasono, 1 Spring Ln
Manufacturer: ABC Ultrasound
Model Name: pro 1000
Year Acquired: 2010
Serial No.: 54321

Equipment Maintenance:

Frequency of Preventive Maintenance: Every 6 months
 Once a year
 Once every 18-24 months
 No routine maintenance

Preventive Maintenance Provider: In-house
 Service contract
 Other

If other, explain:

Instrumentation used for diagnostic testing must be maintained in good operating condition and undergo routine calibration at least once a year.

All ultrasound equipment must be serviced at least annually, according to the manufacturers' specifications or, more frequently if problems arise.

There must be routine inspection and testing for electrical safety of all existing equipment.

6. A. Your Physicians Who Perform and/or Interpret Ultrasound Examinations

[Return to Dashboard](#)

Instructions: Create a profile for each physician who performs or interprets ultrasound examinations for your practice, including the physician director of ultrasound and any physicians who provide occasional ultrasound coverage. Do not list residents or fellows.

Indicate the specialty or specialties each physician interprets, describe their medical training, and, if applicable, describe his or her ultrasound training and list the individual's continuing medical education credits in ultrasound.

Click "Validate Your Physicians" before returning to the Dashboard.

Areas in which you are seeking accreditation:

- Urology

[Add a Physician's Profile](#)

[Validate Your Physicians](#)

Physicians

Add a profile for each physician who participates in the performance or interpretation of ultrasound examinations.

[View icons legend](#)

Upon submission of the completed application, you will be required to send

- copy of each physician's current medical license
- CME certificates for any activities not exclusively dedicated to ultrasound.

For each physician listed for the first time for your practice, you will also be required to send

- Proof of completing residency or fellowship
- Board certification if applicable
- Ultrasound certification if applicable

6. A. Your Physicians Who Perform and/or Interpret Ultrasound Examinations

[Return to Dashboard](#)

Instructions: Create a profile for each physician who performs or interprets ultrasound examinations for your practice, including the physician director of ultrasound and any physicians who provide occasional ultrasound coverage. Do not list residents or fellows.

Indicate the specialty or specialties each physician interprets, describe their medical training, and, if applicable, describe his or her ultrasound training and list the individual's continuing medical education credits in ultrasound.

Click "Validate Your Physicians" before returning to the Dashboard.

Areas in which you are seeking accreditation:

- Urology

[Add a Physician's Profile](#)

[Validate Your Physicians](#)

Physicians

Add a profile for each physician who participates in the performance or interpretation of ultrasound examinations.

[View icons legend](#)

Physicians

		Last Name	First Name	1. Profile	2. Specialties	3. Medical Education	4. Ultrasound Training	5. CME Credits
		Doe	John					

[View icons legend](#)

Upon submission of the completed application, you will be required to send

- copy of each physician's current medical license
- CME certificates for any activities not exclusively dedicated to ultrasound.

For each physician listed for the first time for your practice, you will also be required to send

- Proof of completing residency or fellowship
- Board certification if applicable
- Ultrasound certification if applicable

Add/Edit a Physician's Profile

[Return to Your Physicians Without Saving](#)

Name:

Dr. Mr. Ms. Prof.

First Name: John

Middle Name:

Last Name: Doe

Jr. Sr. II III IV None



Credentials: MD

Indicate involvement with the ultrasound functions of this practice, checking all that apply:

- Interpretation of ultrasound examinations
- Equipment maintenance
- Quality assurance
- Performance of ultrasound-guided procedures
- Performance of ultrasound examinations
- Peer review
- Supervision of other personnel performing ultrasound examinations

Dr. John Doe, MD

Indicate each ultrasound specialty the physician performs and/or interprets: 

Specialty	Average Weekly Volume
  Urology	15

[View icons legend](#)

For **ultrasound in the practice of urology** accreditation, each interpreting physician must meet a minimum of 50 diagnostic genitourinary ultrasound procedures annually.

Physicians who do not meet the minimum volume of ultrasound procedures on an annual basis can participate in a quality assurance program designed to increase their exposure to ultrasound examinations and ensure quality ultrasound care. Physicians who do not meet the minimum annual ultrasound volume requirements can meet the case study requirements in any 1 of the following ways:





- They can double read ultrasound studies for quality assurance purposes.
- They can have their ultrasound studies reread by a physician who does meet the minimum volume requirements and compare their findings with those of the other physician.
- They can participate in a monthly case study review seminar developed and conducted by physicians in the practice who do meet the minimum annual ultrasound volume requirements.

Physician Medical Education




[Return to Your Physicians](#)

Instructions: Select a residency, fellowship, and/or ultrasound certification from the drop-down menu, enter the institution where training occurred, the year of completion, and whether you are board-certified in the specialty (if applicable). If you wish to save the information entered, click + (add this residency/fellowship/certification).




Dr. John Doe, MD

Residency:					
Specialty	Institution	Year of Completion	Board Certified	Year of Initial Certification	
  Urology	Major Medical Center	2008	Yes	2010	
  Aerospace Medicine			No		

[View icons legend](#)

Fellowship: 					
Specialty	Institution	Year of Completion	Board Certified	Year of Initial Certification	
  Addiction Psychiatry			No		

If applicable

Ultrasound Certification: 	
Specialty	Year of Initial Certification
  ASBS	

Applies only to breast surgeons and endocrinologists

Physician Ultrasound Training

Return to Your Physicians Without Saving

Dr. John Doe, MD

In the absence of formal fellowship or postgraduate training or residency training, documentation of clinical experience could be acceptable providing the following could be demonstrated:

- a. Evidence of 100 *AMA PRA Category 1 Credits*™ dedicated to diagnostic ultrasound in the area(s) the physicians practice, and,
- b. Evidence of being involved with the performance, evaluation and interpretation of the images of at least 300** sonograms within a 3-year period. It is expected that in most circumstances, examinations will be under the supervision of a qualified physician(s)*. These sonograms should be in the specialty area(s) in which the physicians are practicing.

Describe how the physician meets the *AIUM Training Guidelines for Physicians who Evaluate and Interpret Ultrasound Examinations* for the ultrasound specialty areas that he/she performs and/or interprets. Please click on the  next to the specialty for the specific requirements:

Urology: 

Training Guidelines for the Performance of Ultrasound Examinations in the Practice of Urology

Physicians performing and/or interpreting diagnostic examinations should meet at least 1 of the following criteria:

1. Completion of an approved urologic residency which includes training in ultrasound since July 1, 2009 (the year reporting of ultrasounds was required by the residency review committee) and is board certified by the ABU or is board eligible

or

2. Board certified in urology prior to July 1, 2009 and submit an attestation of experience including involvement with 100 diagnostic ultrasound examinations and training in urologic ultrasound which includes at least a minimum of 12 hours of *AMA PRA Category 1 credits*™ Level 2 course(s) verifying the individual has satisfactorily met all specified learning objectives for the Level 2 classification course(s) including hands-on demonstration of successfully performing and documenting ultrasound studies. CME must be AUA Office of Education or AIUM approved courses and include both didactic and hands-on ultrasound.

Physician CME Credits

Return to Your Physicians

Instructions: List all *AMA PRA Category 1 Credits™* (or AOA or CMA equivalent) in ultrasound obtained in the past 3 years. Please note that SDMS credits are not accepted for physicians.



Do not list credits that are unrelated to ultrasound. If the course or program was not dedicated exclusively to ultrasound, estimate the number of hours devoted to ultrasound.

After entering the information for an activity, click  to add these credits.

Dr. John Doe, MD

Description of CME Credits:

Total Ultrasound Credits Earned: 0

Source	Sponsor	Title/Location	Start Date	End Date	Program entirely dedicated to ultrasound?	Ultrasound Credits Earned
 						No

[View icons legend](#)

Once the practice becomes accredited, all physicians must obtain the following in the 3 years prior to reaccreditation and every 3 years thereafter:

- *If the practice is applying for accreditation in **breast ultrasound***, the physician must obtain a minimum of 10 *AMA PRA Category 1 Credits™* in breast ultrasound every 3 years. If the practice is applying for accreditation in other ultrasound modalities as well as breast, the 10 CME credits apply toward the requirement of 30 CME credits over 3 years.
- *If the practice is applying for accreditation in **dedicated thyroid/parathyroid ultrasound***, the physician must obtain 15 *AMA PRA Category 1 Credits™* in thyroid/parathyroid ultrasound every 3 years.
- *If the practice is applying for accreditation in **dedicated musculoskeletal ultrasound***, the physician must obtain 30 *AMA PRA Category 1 Credits™* in musculoskeletal ultrasound every 3 years.
- *If the practice is applying for accreditation in **fetal echocardiography***, the physician must obtain a minimum of 10 *AMA PRA Category 1 Credits™* in fetal echocardiography every 3 years.
- *If the practice is applying for accreditation in **urology***, the physician must obtain a minimum of 10 *AMA PRA Category 1 Credits™* in genitourinary ultrasound every 3 years.
- *If the practice is applying for accreditation in any category other than **breast ultrasound or dedicated thyroid/parathyroid ultrasound***, the physician must obtain a minimum of 30 *AMA PRA Category 1 Credits™* in ultrasound every 3 years.

By submitting this application, each physician agrees to comply with this requirement.

6. B. Your Sonographers

[Return to Dashboard](#)

Are there sonographers and/or other nonphysicians performing ultrasound examinations at this practice? Yes No [Save Answer](#)
Do not include students, residents, or fellows.

If yes:

Are there sonographers and/or other nonphysicians performing ultrasound examinations at this practice? Yes No [Save Answer](#)
Do not include students, residents, or fellows.

[Add a Sonographer](#)

Sonographers

Add a record for each sonographer who performs ultrasound examinations in your practice.

[View icons legend](#)

All sonographers must be certified in the specialty or specialties for which the practice seeks accreditation or must become certified before reaccreditation. A sonographer required to become certified in multiple specialties must obtain a minimum of 1 additional specialty per accreditation cycle.

The following certifications are acceptable:

- American Registry for Diagnostic Medical Sonography (ARDMS) certification in abdomen, breast, obstetrics and gynecology, and others as applicable.
- American Registry of Radiologic Technologists (ARRT) certification in breast sonography.

By submitting this application, each sonographer agrees to comply with this requirement.

Add/Edit a Sonographer

[Return to Your Sonographers Without Saving](#)

Name:

Dr. Mr. Ms. Prof.

First Name: Jane

Middle Name:

Last Name: Doe

Jr. Sr. II III IV None

Indicate the sonographer's credential(s), checking all that apply: 

Registered: Yes No

- | | |
|--|--|
| <input checked="" type="checkbox"/> RDMS - Abdomen | <input type="checkbox"/> RDCS - Adult Echocardiography |
| <input type="checkbox"/> RDMS - Breast | <input type="checkbox"/> RDCS - Fetal Echocardiography |
| <input type="checkbox"/> RDMS - Fetal Echocardiography | <input type="checkbox"/> RDCS - Pediatric Echocardiography |
| <input type="checkbox"/> RDMS - Neurosonology | <input type="checkbox"/> RVT(VT) |
| <input type="checkbox"/> RDMS - Ob/Gyn | <input type="checkbox"/> ARRT - Breast Specialty |

ARDMS Registry #: 12345

Description of education and training in ultrasound:

On the job training

Indicate each ultrasound specialty the sonographer performs for this practice:

Urology

Indicate involvement with the ultrasound functions of this practice, checking all that apply:

- Performance of ultrasound examinations
- Assistance with invasive procedures
- Completion of worksheets or data entry
- Quality assurance
- Peer review
- Supervision of sonographers
- Equipment maintenance

Years at practice:

1 (enter 1 if one year or less)

6. C. Your Other Personnel

[Return to Dashboard](#)

Are there other personnel performing ultrasound at this practice? Yes No

If yes:

Other Personnel

Add a record for any other personnel who perform ultrasound examinations in your practice.

[View icons legend](#)

Add/Edit Other Personnel

[Return to Your Other Personnel Without Saving](#)

Name:

Dr. Mr. Ms. Prof.

First Name:

Middle Name:

Last Name:

Jr. Sr. II III IV None

Describe his/her contribution to the ultrasound component of the practice:

Once the online application has been submitted, we must receive the following before your application is considered complete:

- Two signed copies of the Accreditation Agreement
- Payment (if paying by check)
- Three copies of the required case studies and corresponding reports
- Physicians' licenses, certificates from residency or fellowship, and, if applicable, ultrasound certification
- Sonographers' ARDMS or ARRT cards
- Ultrasound examination protocols
- Preventive maintenance records from the past 3 years

The Accreditation Agreement:

Establishes the terms of the relationship between the practice and the AIUM

Conforms with HIPAA regulations

Stipulates that the practice will abide by the AIUM Prudence Use statement:

The AIUM advocates the responsible use of diagnostic ultrasound and strongly discourages the non-medical use of ultrasound for entertainment purposes. The use of ultrasound without a medical indication to view the fetus, obtain a picture of the fetus or determine the fetal gender is inappropriate and contrary to responsible medical practice. Ultrasound should be used by qualified health professionals to provide medical benefit to the patient.

CASE STUDY SUBMISSION REQUIREMENTS:

Case studies must have been performed within 12 month of the date they are received, and must be performed and interpreted by a representative sample of the practice's interpreting physicians and sonographers.

The case studies and corresponding reports must be submitted in triplicate so they can be sent to two reviewers.

There must be still, labeled images of all required anatomy and measurements.

Acceptable formats include CDs/DVDs, memory sticks, x-ray type film, thermal images (**images must be cut, organized, and mounted on paper**), and high quality reproductions. Videotapes, Magneto-optical (MO) disks, and zip files are not acceptable.

If submitting digital images,

1. Each case (not each image) must be in a separate file, in a format that permits reviewers to scroll through the images. The format must be viewable on any home computer without requiring additional software.
2. If digital clips are provided, send only those clips that add to the diagnostic quality of the exam. **Do not send a video copy of the complete exam.**
3. Each specialty, not each case, must be on one CD/DVD or memory stick.

Hard copies of the signed, final reports are required. **Please label each report with the application number, exam type, and, if applicable, the site where the exam was performed or the mobile unit on which it was performed.**

Please refer to the following requirements for the specialty or specialties in which you seek ultrasound practice accreditation.

Urologic Ultrasound	From the principal site: <ul style="list-style-type: none">• 4 representative complete cases and corresponding reports in the areas most commonly performed by the practice must be provided in triplicate. <p><i>Studies performed on automated bladder scanners are not acceptable for submission.</i></p>	Practices with multiple sites and/or mobile units must submit : <ul style="list-style-type: none">• 1 urologic case study in triplicate from each additional site and/or mobile unit.
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The cases are sent out to two volunteer reviewers, and the document portion of the application is reviewed in-house.

When the documents and case studies have been reviewed, the practice will be sent a letter summarizing the reviewers' findings, including reports on each case study submission.

The practice will be given the opportunity to provide clarification, make corrections, and, if necessary, submit new case studies.

Once we receive the practice's response to the findings letter, the application will be presented to the AIUM Ultrasound Practice Accreditation Council for a decision.

For information, contact

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