



APCATM

Alliance for Physician
Certification & Advancement

RPVI Prerequisite

Steps for Choosing Your Prerequisite

1.

Find your education level by reviewing the listed prerequisites.

2.

Ensure you have met the clinical experience requirement under that prerequisite.

3.

Assemble the required documentation under the listed documentation section and submit with the completed application form and appropriate fees. Eligibility will not be determined by telephone, fax or email. Applicants must apply online and submit all fees and required supporting documentation before eligibility is determined. All fees must be paid before the application is reviewed.

For a complete prerequisite chart, log on to APCA.org/PVIprereq to print your own copy.

Notes: APCA, in its discretion, may request from you or others information concerning matters that may be relevant to your eligibility for certification and certification status. Clinical diagnostic settings include hospitals, clinics and private practices. APCA does not accept volunteer, instructorship, unpaid, barter or veterinarian experience. All documentation must be in English or include a notarized translation. (MD licenses, CMEs, etc.)

The name on all supporting documentation must be consistent and must match the name under which you apply. If it does not, you will need to submit a name change request with legal supporting documentation (e.g., a copy of marriage/driver's license) with your application summary page and all other supporting documentation. All documents, communications, and other information received by APCA will become the property of APCA and will not be returned.

New RPVI Prerequisite

The new streamlined prerequisite will be the ONLY pathway under which to apply for beginning January 1, 2018.

Licensure

MD or DO with a current, valid, unrestricted license to practice medicine in the U.S. or Canada.

OR

Outside of U.S. and Canada – MD or DO degree equivalent to the U.S. or Canada (must provide a credential report/evaluation indicating that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada) with a current, valid unrestricted license to practice medicine as a physician in any country.

Clinical Vascular Ultrasound Experience

The Applicant is required to document vascular interpretation experience* in a clinical diagnostic setting** with a minimum of 500 cases interpreted over a minimum of one month within the preceding 36 months of application submission. No more than 100 of these cases may be didactic or simulated cases that are

presented and interpreted in a format that is equivalent to cases encountered in a clinical diagnostic setting.***

Cases must be distributed over the following testing areas, with no more than 50% of the total coming from any one area:

- Carotid duplex ultrasound (extracranial cerebrovascular)
- Transcranial Doppler (intracranial cerebrovascular)
- Peripheral arterial physiologic testing (excludes Ankle Brachial Index (ABI) and single level exams)
- Peripheral arterial duplex ultrasound
- Venous duplex ultrasound
- Visceral vascular duplex ultrasound

* Vascular interpretation experience must be obtained through one of the following pathways:

(1) Attendance of a residency or fellowship that is accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the American Osteopathic Association (AOA). The program

must include didactic instruction and training in the interpretation of vascular laboratory studies. The letter verifying this experience must be signed by the program director, the Medical Director of the vascular lab or other appropriate RPVI-certified program affiliate.

(2) Attendance of a post-graduate medical education program that is not accredited by the ACGME, RCPSC or AOA. The program must include didactic instruction and training in the interpretation of vascular laboratory studies. The program must also have at least 48 weeks of clinical training, at least 30 hours of didactic instruction relevant to interpretation and other vascular laboratory topics, and at least 40 hours of observation or supervised participation in a vascular laboratory setting. Didactic instruction may include (but is not limited to) AMA PRA Category 1 CME relevant to the vascular laboratory. The letter verifying this experience must be signed by the program director, the Medical Director of the vascular lab or other appropriate RPVI-certified program affiliate.

(3) Physicians in practice may obtain vascular interpretation experience in the course of employment or contractual work in a supervised clinical diagnostic setting. In addition, documentation must be provided of 40 hours of AMA PRA Category 1 CME relevant to the vascular laboratory obtained within the preceding three years prior to application. Option 3 is scheduled to expire on 12/31/2022 (Five Years From Date of Publication). The letter verifying this experience must be signed by the medical director of the vascular laboratory or other qualified physician if the Applicant is the medical director.

** Clinical diagnostic settings include hospitals, clinics and private practices. APCA does not accept volunteer, instructorship, unpaid, barter or veterinary experience.

Required Documentation

1. Copy of current, valid, unrestricted medical license.
2. Letter from the appropriate individual (specifically referenced in the Clinical Vascular Ultrasound Experience options above) describing the Applicant's experience with vascular laboratory interpretation. For required letter content, please visit [APCA.org/SampleLetters](https://www.apca.org/SampleLetters). Physicians may not sign their own letters.
3. If up to 100 didactic or simulated cases are used as part of the 500 case interpretation requirement, this experience must be documented in a separate letter from

the sponsoring organization ensuring the criteria listed above are met. For required letter content, please visit [APCA.org/SampleLetters](https://www.apca.org/SampleLetters).

4. Copy of a patient log or other record of interpretation experience with a minimum of 500 vascular laboratory studies. This documentation must be maintained for at least three years following the date of application approval as case logs are subject to audit. Case logs must include at a minimum the date of the case, the testing area of the case, and whether the case was simulated/didactic or clinical. Additionally, the case log must include the name of the supervising physician/medical director and clinical site (i.e. hospital name, clinic or private practice) with contact information. For a sample patient case log, please visit [APCA.org/SampleLetters](https://www.apca.org/SampleLetters).

5. International physicians (individuals who completed medical school outside the U.S. and Canada), if not licensed to practice medicine in the U.S. or Canada, must provide a credential report of the evaluation converting the foreign medical degree; it must indicate that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada.

All documentation must be uploaded and submitted through MY APCA ([APCA.org/MYAPCA](https://www.apca.org/MYAPCA)) by the application submission deadline.

Notes About the Prerequisite:

*** When used to satisfy a portion of the 500 case interpretation requirement, all didactic or simulated cases (up to 100) must be generally equivalent to cases interpreted in a clinical diagnostic setting, including the following features:

1. indications and relevant clinical information are presented to the interpreting physician
2. complete technical information for the examination should be provided, including images, cine loops, worksheets, and sonographer notes
3. the interpreting physician completes a final report in a format that meets IAC Vascular Testing Standards and Guidelines and is compliant with requirements for clinical documentation and billing
4. there is feedback from an educator or supervisor indicating that the interpretation met standards or what changes were required
5. the time to complete each simulated case interpretation should not be less than what would be required in a clinical diagnostic setting case details are available for audit by the APCA to ensure that the above requirements are met.