

Date \_\_\_\_\_



APCA ID \_\_\_\_\_

Applicant's Fire	st and Last Name	_			
	is required to document vascular interpretation exp ted over a minimum of one month within the preced				a minimum of 500
	100 of these cases may be didactic or simulated cases encountered in a clinical diagnostic setting.	ases that are	presented and in	terpreted in a fo	ormat that is
Cases must be	e distributed over the following testing areas, with ${f n}$	o more than	50% of the total c	oming from any	one area.
Note: While all	types of studies are not required to meet the eligibi	lity criteria, th	ney will all be cove	red on the exan	nination
Please fill out	the study information below for each facility where	vascular labo	oratory studies wei	re completed:	
The Applican	t has interpretated, under supervision, a minim	um of 500 (	cases* in the are	eas of:	
Facility 1* Name:		Supervising physician/medical director:			
Address:		Phone number:			
City:	State: Zip:	Email:			
Years Performed	Case Type	Туре		Number that are Clinical studies:	Number that are Didactic or Simulated studies:
	Carotid duplex ultrasound (extracranial cerebrovascular)				
	Transcranial Doppler (intracranial cerebrovascular)				
	Peripheral arterial Physiologic testing (excludes Ank	le Brachial			
	Index (ABI) and single level exams)				
	Peripheral arterial duplex ultrasound  Venous duplex ultrasound				
	Visceral vascular duplex ultrasound				
	Total # of vascular studies				
	1		1		l .

## Facility 2\* Name: Supervising physician/medical director:

Address:

Phone number:

City: State: Zip: Email:

Years Performed	Case Type	Total Number of each type of study:	Number that are Clinical studies:	Number that are Didactic or Simulated studies:
	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			
	Total # of vascular studies			

## The Applicant has interpretated, under supervision, a minimum of 500 cases\* in the areas of:

The Applicant has interpretated, under supervision, a minimum of 500 cases\* in the areas of:

Facility 3* Name:			Supervising physician/medical director:
Address:			Phone number:
City:	State:	Zip:	Email:

Years Performed	Case Type	Total Number of each type of study:	Number that are Clinical studies:	Number that are Didactic or Simulated studies:
	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			
	Total # of vascular studies			

<sup>\*</sup> A log of these cases must be maintained for at least three years following the date of application approval as case logs are subject to audit. In case of application audit, APCA may request the interpreting/reporting physician's name and contact information and/or images without patient identification information in conformity with the Health Insurance Portability and Accountability Act (HIPPA).

<sup>\*\*</sup> Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS/APCA does not accept volunteer, instructorship, unpaid, barter or veterinarian experience.