



CBCCT

CERTIFICATION BOARD OF CARDIOVASCULAR COMPUTED TOMOGRAPHY

POLICIES AND PROCEDURES

Certification Board of Cardiovascular Computed Tomography

Revised 3/09

Policies and Procedures

Table of Contents

Introduction	Page 1
Mission, Purpose & Responsibilities.....	Page 1
General Exam Related Policies	
Address Changes	Page 3
Application Audits.....	Page 3
Confidentiality & Security of Information, Records & Documents	Page 3
Conflict of Interest	Page 4
Endorsement of Educational Programs & Materials	Page 5
Grandfathering.....	Page 5
Joint Venture	Page 5
Non Discrimination	Page 6
Official Communications	Page 7
Records Retention & Destruction	Page 7
Special Accommodations	Page 10
Use of CBCCT Designation & Logo	Page 10
The Certification Program	
Certification Process	Page 11
Maintenance of Certification	Page 11
Reapplication.....	Page 12
Candidates who Fail the Exam Three or More Times	Page 12
Diplomate Responsibilities	Page 12
Examination Development	Page 12
Test Administration	Page 14
Due Process & Appeals	Page 16
Suspension & Revocation of Designation	Page 17
Ethics & Discipline Procedures	Page 18
Appendices	
Appendix A: Certification Requirements & Eligibility	Page 19
Appendix B: Schedule of Fees	Page 23
Appendix C: Explanation of Terms.....	Page 25
Appendix D: Special Testing Accommodations	Page 27

The CBCCT reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not intended to, nor shall they be construed as creating any legal obligation on CBCCT's part, or as creating any contractual relationship between any candidate and the CBCCT.

INTRODUCTION

The Certification Board of Cardiovascular Computed Tomography (CBCCT) is a not-for-profit corporation established to develop and administer practice-related examinations in the field of cardiovascular computed tomography and to award certification to those physicians who have successfully completed the CBCCT examination and credentialing process. The Board is a fully autonomous entity, independent of any other association, society or academy. This independence allows the Board to maintain integrity concerning its policy-making on matters related to certification.

The CBCCT certification process is voluntary and designed to identify those physicians skilled in the field of cardiovascular CT by evaluating and documenting their performance on a written, multiple-choice examination.

MISSION, PURPOSE AND RESPONSIBILITIES OF THE BOARD

Mission

The mission of the Certification Board of Cardiovascular Computed Tomography (CBCCT) is to promote and enhance patient care by defining the domain of cardiovascular computed tomography and identifying the requisite knowledge and skills for quality practice through a certification program that fosters excellence and encourages continual learning.

Purpose

The purpose of the CBCCT shall be to: (1) evaluate those individuals requesting certification and recertification as diplomates; (2) grant and renew such certification to those individuals who meet the established requirements; and (3) establish, oversee and administer the mechanisms to accomplish this purpose.

Responsibilities of the CBCCT Board of Directors

In support of the mission, the CBCCT Board of Directors:

- sets strategic direction;
- conducts a fiduciary review of CBCCT's activities;
- establishes policies and procedures;
- monitors and ensures the quality, psychometric soundness and legal defensibility of the certification examination;
- monitors and ensures the relevance and quality of CBCCT's maintenance of certification process;
- ensures that the certification and maintenance of certification processes are fair and equitable;
- provides a disciplinary process for certificants;
- provides an appeals process for candidates and certificants; and
- responds to concerns and recommendations regarding CBCCT's activities and its certification program.

GENERAL EXAM RELATED POLICIES

ADDRESS CHANGES

Changes of address for diplomates and candidates must be made in writing, by the individual, and include a signature. Changes may be handwritten (legibly) and sent by fax or regular mail. Phone or email will not be accepted.

APPLICATION AUDITS

To maintain the integrity of the program, CBCCT may randomly audit candidate applications or audit candidate applications that appear to be incomplete or inaccurate. CBCCT may audit applications for up to one year after notification of successful certification or recertification. Candidates whose applications are audited will be asked to submit supporting documentation. In addition, CBCCT may request clarification while reviewing an application. In such cases, candidates will be contacted by CBCCT and may be asked to submit additional information. This occurs on a case-by-case basis.

CONFIDENTIALITY AND SECURITY OF INFORMATION, RECORDS AND DOCUMENTS

The following information, records, and documents are considered to be confidential:

- candidate status (e.g., eligible, not eligible, failed to pass examination);
- applications for initial certification and maintenance of certification and the information contained therein;
- examination scores and diagnostic reports;
- address and social security data;
- examination items and examination forms;
- candidate and certificant appeals;
- disciplinary actions;
- CBCCT finances; and
- Board and Committee discussions, decisions and actions.

CBCCT Board members, volunteers, employees and consultants shall sign a Confidentiality Agreement

prior to commencing service and once each year thereafter. The agreement will require these individuals to maintain in strict confidence the above information, records and documents unless prior approval is given by the President of the Board or such information is made publicly available.

All confidential information shall be maintained in a secure manner (e.g., locked in a file drawer, contained in a password protected electronic file). Reasonable steps will be taken to protect the information and materials from theft and unauthorized access and/or disclosure. Confidential records and documents shall be destroyed in a secure manner as soon as they are no longer required. Upon termination of service with CBCCT, the individual will return or destroy any confidential information in his or her possession.

Candidate and Certificant Status

The CBCCT will confirm certificant status, verbally or in writing; however, CBCCT will not disclose any information regarding individuals who are not certified (e.g., candidates who failed the examination).

Information regarding a candidate's eligibility or pass/fail status will be released only by mail and only to the candidate.

The CBCCT shall not sell or rent the names or contact information of candidates or certificants. However, CBCCT will allow candidates to indicate on the application form whether they wish to receive information on board preparatory courses or information on other educational activities

The CBCCT reserves the right to disclose information it possesses about any individual whom it judges has violated CBCCT rules, engaged in misrepresentation or unprofessional behavior, or shows signs of impairment to federal or state agencies.

CONFLICT OF INTEREST

It is the responsibility of each **CBCCT Board and Question/Examination Committee Member** to identify potential and actual sources of personal conflict of interest and to comply with the established policy.

Rationale

CBCCT Board Members and those who contribute to CBCCT examinations must avoid potential conflicts of interest that might arise by participating in educational activities that are specifically designed to prepare individuals for CBCCT examinations. While CBCCT board members and contributors to the CBCCT examination are expected, as experts in the field of cardiovascular computed tomography, to be active in general educational activities related to the field, activities that directly relate to preparing individuals to take the CBCCT examination must be scrupulously avoided. Application of the following guidelines will protect the integrity of the Board's examination and avoid the perception of and opportunity for unfair advantage.

Exclusion from Participation in Board Review Activities

Directors of the CBCCT Board and those individuals directly involved in composing the exam [**e.g., members of the Question Editing and Exam Selection Committees; chairs of the content area question drives and reviews;**], having significant knowledge about questions on the certification or recertification examinations

1. should not participate, either in development or as faculty of, postgraduate courses or other CME activities (including educational resources, self assessment programs, publications, audiovisual material or computer programs) which are designed and advertised to or have the explicit or implicit intent to prepare for certification or recertification examinations in cardiovascular computed tomography.
2. should not allow use of their CBCCT affiliation for advertising or promoting any particular educational program or publication regardless of its relationship or lack thereof to the CBCCT examination.
3. should, if participating as committee member or chair of a committee of another

organization, which has responsibility for development of cardiovascular computed tomography board review activities, recuse him/herself from all discussion or review of content related to the activity, and assure that recusal has been documented (e.g., minutes, etc.).

4. should, if chair of the education committee responsible for development of cardiovascular computed tomography board review course activities, decline participation in CBCCT question review, exam development and content analysis activities.

Questions and Images submitted to CBCCT:

All questions and images submitted to the CBCCT, must be original, and may not be used for any other purpose.

Participation in Board Review Activities by Individuals writing questions:

Individuals whose participation in the exam development is limited to the submission of questions are not excluded from participation on board review courses; they should not, however, use the questions they submitted as questions in any educational program.

Duration of Exclusion

These academic conflict of interest policies remain in effect through the date of the examination in the year following service to the CBCCT. For example, one who participates in the 2008 exam development and whose participation then ends would be eligible to participate in a board review activity at any time following the 2009 examination.

Confidentiality

To emphasize the confidential nature of the examination content and the Board's unique ownership of its questions, everyone who contributes to CBCCT examination development should sign a confidentiality agreement.

If uncertain about these policies, individuals are urged to seek the advice of the President or Chairman of the Board.

ENDORSEMENT OF EDUCATIONAL PROGRAMS AND MATERIALS

The CBCCT does not endorse any educational programs and materials or exam preparatory activities.

GRANDFATHERING

The Certification Board of Cardiovascular Computed Tomography does not in general endorse certification without examination, commonly known as "grandfathering". Under normal circumstances, the Board of Directors does not feel it is in the best interest generally of the public or the Board to grandfather. The Board shall strive to utilize in exam development individuals who are certified and whose recertification is more than two years in the future.

There are rare instances, however, when the logic of grandfathering outweighs a testing requirement, such as when:

Certification - The exam tests in an area where none is yet certified. In this case,

- the individual is an identified "expert" (e.g., designated leader in related professional society; program director or faculty of recognized courses/conferences in the field), and
- the individual must meet all certification eligibility.

Furthermore,

- Only individuals who have had **significant** and **global** knowledge of the exam content, such as those serving as Content Area Chairs or participating in the Exam Question Review meetings, shall be grandfathered.
 - Those who submitted questions only shall not be grandfathered.
- Individuals meeting these criteria shall be approved for a certification period of ten years, by authorization of the Board of Directors.

Recertification - To assure continuity of the exam development process, and responsibility of the principals directly to the CBCCT Board of Directors, ongoing exam development requires:

- **oversight** by individuals knowledgeable in the field (e.g., experts), and about the exam development process, and responsible directly to the Board

In these cases, the individual may be considered for grandfathering for a **recertification** period of ten years,

- the individual in question must be certified;
- the individual must have had **significant, ongoing** and **global knowledge** of exam development and content, such as those serving as Content Area Chairs or participating in the Exam Question Review meetings,;
- the individual's certification/recertification period must end within four years of his/her oversight level involvement in the development process; and,
- the individual must meet all recertification eligibility criteria.

Under usual circumstances, CBCCT will limit using individuals in significant development roles within the last 4 years of their certification period. Individuals meeting these criteria shall be approved for a (re)certification period of ten years, by authorization of the Board of Directors.

JOINT VENTURE

This Joint Venture Policy requires the Certification Board of Cardiovascular Computed Tomography ("CBCCT") to evaluate its participation in joint venture arrangements under Federal tax law and take steps to safeguard its tax-exempt status with respect to such joint venture arrangements. This Policy applies to any joint ownership or contractual arrangement through which there is an agreement to jointly undertake a specific business enterprise, investment, or exempt-purpose activity as further defined in this Policy.

Joint Ventures With Taxable Entities

For purposes of this Policy, a joint venture or similar arrangement means any joint ownership or contractual arrangement through which there is an agreement to jointly undertake a specific business enterprise, investment, or tax-exempt purpose activity without regard to: (1) whether CBCCT controls the joint venture or arrangement; (2) the legal structure of the joint venture or arrangement; or (3) whether the joint venture or arrangement is taxed as a partnership, association or corporation for Federal income tax purposes. A joint venture or arrangement

is disregarded if it meets both of the following conditions:

(1) 95% or more of the joint venture's or arrangement's income for its tax year ending within CBCCT's tax year is excluded from unrelated business income taxation (including but not limited to: (a) dividends, interest, and annuities; (b) royalties; (c) rent from real property and incidental related personal property except to the extent of debt-financing; and (d) gains or losses from the sale of property); and

(2) the primary purpose of CBCCT's contribution to, or investment or participation in, the joint venture or arrangement is the production of income or appreciation of property.

Protection of Tax-Exempt Status

CBCCT will: (1) negotiate in its transactions and arrangements with other members of the joint venture or arrangement such terms and safeguards adequate to ensure that CBCCT's tax-exempt status is protected; and (2) take steps to safeguard CBCCT's tax-exempt status with respect to the joint venture or arrangement. Some examples of safeguards include:

(a) control over the joint venture or arrangement sufficient to ensure that it furthers the exempt purpose of CBCCT;

(b) requirements that the joint venture or arrangement gives priority to tax-exempt purposes over maximizing profits for the other participants;

(c) that the joint venture or arrangement not engage in activities that would jeopardize CBCCT's tax-exemption; and

(d) that all contracts entered into with CBCCT be on terms that are arm's length or more favorable to CBCCT.

NON DISCRIMINATION

CBCCT does not discriminate against any person on the basis of age, gender, sexual orientation, race, religion, national origin, medical condition, physical ability or marital status.

OFFICIAL COMMUNICATIONS

Official communications regarding the CBCCT, its activities, and policies and procedures will be issued by the President of the CBCCT Board or the CBCCT Executive Director with the approval of the President of the CBCCT Board. Board members other than the President and committee members and other volunteers and staff shall not issue formal and/or public statements regarding CBCCT and its activities.

Any member of the CBCCT Board, its Committees, or Task Forces who receives an inquiry related to the activities of CBCCT from the news media shall refer the inquiry directly to CBCCT for a response.

Any member of the CBCCT Board, its Committees, or Task Forces who is made aware of serious allegations regarding a candidate or certificant shall forward this information to the CBCCT Executive Director, who shall then forward the information to the CBCCT Ethics and Discipline Committee for further review and/or investigation.

RECORD RETENTION AND DOCUMENT DESTRUCTION

It is the policy of the Certification Board of Cardiovascular Computed Tomography ("CBCCT") to maintain complete, accurate and high quality records. Records are to be retained for the period of their immediate or current use, unless longer retention is required for historical reference, contractual, legal or regulatory requirements or for other purposes as may be set forth herein. Records that are no longer required, or have satisfied their required periods of retention, shall be destroyed.

No officer, director, employee, volunteer, or agent of CBCCT shall knowingly destroy a document with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any government department or agency or in relation to or contemplation of any such matter or case. No documents should be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation. If a government investigation is underway or even suspected, document purging must stop in order to avoid criminal obstruction.

This Policy covers all records and documents of CBCCT, including paper, electronic files (including e-

mail) and voicemail records regardless of where the document is stored, including network servers, desktop or laptop computers and handheld wireless devices.

The Executive Director shall be responsible for administering this Policy. As part of this role, the Executive Director, in consultation with legal counsel, shall ensure that CBCCT documents and records retained by officers, directors, employees, volunteers, or agents are stored or destroyed in a manner consistent with this Policy.

In order to eliminate accidental or innocent destruction, CBCCT has the following document retention requirements as noted in the following table. CBCCT reserves the right to amend, alter and terminate this Policy at any time and for any reason.

Type of Document	Minimum Best Practice Requirement
Accounts receivable & payable ledgers and schedules	7 years
Application Forms	Permanently
Application Supporting Materials	12 Years
Articles of Incorporation, charter, bylaws, minutes and other incorporation records	Permanently
Audit reports, financial statements (year end), general/private ledgers, trial balance, journals	Permanently
Bank reconciliation	3 years
Bank statements, deposit records, electronic fund transfer documents and canceled checks	3 years
Chart of accounts	Permanently
Checks (for important payments and purchases)	Permanently
Contracts, mortgages, notes and leases (expired)	7 years
Contracts (still in effect)	Permanently
Correspondence (general)	3 years
Correspondence (legal and important matters)	Permanently
Correspondence (with customers and vendors)	2 years
Deeds, mortgages, and bills of sale	Permanently
Depreciation schedules	Permanently
Donations	7 years

EEOC reports	Permanently
Employee demographic info & compensation records (Davis-Bacon Act, Service Contract Act & Walsh-Healy Public Contracts Act)	3 years
Expense analyses/expense distribution schedules	7 years
Garnishments	7 years
Grants (unfunded)	1 year
Grants (funded)	7 years after closure
I-9's	3 years after date of hire or 1 year after termination
Insurance policies (expired)	3 years
Insurance records (current), current accident reports, claims, policies, etc.	Permanently
Internal audit reports	3 years
Invoices (to customers, from vendors)	7 years
Inventory records	7 years
Loan documents and notes	Permanently
Pass/Fail	Permanently
Patents and related papers	Permanently
Payroll records & summaries including records related to employee's leave (Equal Pay Act, FLSA)	7 Years
Personnel files (terminated employees) (Title VII, ADA, ADEA)	7 Years after termination
Polygraph test results and records (Employee Polygraph Protection Act)	3 Years
Purchase orders	7 Years
Scores	7 Years
Retirement and pension records including Summary Plan Descriptions (ERISA)	Permanently
Tax returns and worksheets	Permanently
Timesheets	7 Years
Trademark registrations and copyrights	Permanently
Withholding tax statements (FICA, FUTA,	7 Years

Federal Income)	
Workers compensation documentation	10 years after 1 st closure

SPECIAL ACCOMMODATIONS

Candidates requiring special testing arrangements must inform CBCCT relative to their needs in writing at the time of application. CBCCT will make reasonable efforts to accommodate eligible candidates who provide documented evidence of their disability with auxiliary aids and services that do not fundamentally alter the measurement of the knowledge the assessment is intended to test.

For additional details see Appendix D.

USE OF CBCCT DESIGNATION AND LOGO

Designation of Certified Status

The CBCCT issues certification to successful candidates who then may present themselves to the public as being certified in the field of cardiac CT. Successful candidates may designate on letterhead, cards, websites, etc. that they are " a Diplomat of the Certification Board of Cardiovascular Computed Tomography." Acceptable terminology for CBCCT certificants is limited to:

- Board Certified in Cardiovascular Computed Tomography*
- Board Certified, Certification Board of Cardiovascular Computed Tomography, and
- [insert title], Certification Board of Cardiovascular Computed Tomography

* *NOTE: Several states have published rules that prohibit physicians from using the term "board certified" in their advertisements, unless physicians are certified by a specialty board, as defined by law.*

Use of the title and designation by individuals who have not been awarded the certification or who have failed to maintain their certification is expressly prohibited. The title and designation may not be used to imply that an organization or other entity is certified. Use of the terms "Board Qualified" or "Board Eligible" also is prohibited.

Certificants are required to adhere to the Use of CBCCT Designation and Logo policy when announcing or advertising their certified status.

Certificants who do not comply with the designation usage requirements will be contacted in writing and asked to conform to CBCCT's Use of CBCCT Designation and Logo policy. If the error is not corrected within a reasonable period of time, the individual may be subject to disciplinary action according to CBCCT policies.

Other individuals and/or organizations or publications noted to be incorrectly using CBCCT's name or designations will be contacted in writing and informed of correct terminology and usage.

Misrepresentation of Certified Status

The CBCCT will not actively monitor representation of certified status, but will act on any information discovered in the course of normal activity or brought forward by an individual or organization. Misrepresentation or alleged misrepresentation of a person as a certificant of the CBCCT, of being board certified by CBCCT, or as having obtained a status of eligibility to sit for the certification examination, will be investigated and acted upon by CBCCT. The CBCCT will seek verifiable evidence of such misrepresentation and if sufficient evidence is obtained, will notify the individual and any related licensing agency of the evidence and of possible legal action by CBCCT unless the misrepresentation is terminated.

Misrepresentation may include, but is not limited to, inclusion of an uncertified physician's name in a listing with other certified physicians, whether in newspapers, telephone yellow pages, or other means of soliciting patients, with the implication that all so listed are certified by CBCCT.

The CBCCT will not ordinarily investigate instances of the following:

- use of the term "certified to perform/interpret cardiovascular CT examinations" by an individual who is not certified by CBCCT – this is under the jurisdiction of the hospital privileging committee and not in CBCCT's province;
- use of the term "certified in cardiovascular CT", as this term is vague and has no actual meaning; and

- other related terms that may be subject to semantic interpretation.

Use of CBCCT Logo

Certificants are not permitted to use the CBCCT Logo as part of their designation. Organizations and other entities also are prohibited from using the CBCCT Logo. The CBCCT Logo is trademarked and unauthorized use is unlawful and subject to disciplinary action and/or prosecution.

THE CERTIFICATION PROGRAM

CERTIFICATION

To achieve CBCCT certification, candidates must meet established eligibility requirements and pass a multiple-choice examination. CBCCT certification is time-limited and additional requirements must be met to maintain certification status upon expiration of the initial certification period.

Eligibility

Candidates must submit an application that documents fulfillment of requirements of formal education, professional licensure and certification, and relevant professional experience.

Testamur Status

Those who have completed their fellowship training in cardiology or residency training in nuclear medicine or radiology but have not passed their cardiology, nuclear medicine or radiology board examination(s) may apply to sit for the CBCCT examination. These individuals, upon successful completion of the CCT exam, will have Testamur status until provision of material documenting board certification in cardiology, nuclear medicine or radiology, which must happen within two examination cycles, after which their Testamur status will lapse.

Assessment

After being determined eligible, candidates must pass a written examination.

Retesting

Candidates who are unsuccessful on an examination may apply for re-examination in the following exam. TO be granted admission, candidates must meet all applicable licensure, professional standing and procedural and application requirements in the year of application.

Candidates who have not succeeded in passing the examination after three (3) attempts must re-meet the requirements for Level 2 training in Cardiovascular Computed Tomography according to the ACCF COCATS Training Guidelines.

Certification Period

After successful completion of the examination process, candidates become certified for a period of 10 years after the date the certification is awarded.

Candidates who were accepted with Testamur status have a certification period ten (10) years from the year of their successful certification examination, regardless of when their status was changed to Diplomate.

MAINTENANCE OF CERTIFICATION

To maintain their certified status, certificants must submit an application that documents fulfillment of the requirements established by the Board of Directors.

Certification is for a period of ten years, following which diplomates must recertify in order to maintain their certification status. CBCCT's recertification process allows candidates to sit for the recertification examination in years eight, nine and ten of their certification period.

Candidates are permitted three opportunities to pass the recertification exam within their eligibility period without losing their certification status. For example, if a physician obtained initial certification in 2008, he or she may take the exam in 2016 (the first year of admissibility), 2017 and/or 2018.

If a candidate is not successful or does not take the recertification exam within the ten-year eligibility period, he or she must in year eleven or thereafter take the full CBCCT certification exam of that year in order to become certified again. As with other certifications, should the individual not sit for the exam, or sit and not pass, he or she will no longer be certified, nor listed on the roster of CBCCT diplomates, once the ten-year certification period has ended.

Regardless of when the physician recertifies within the valid certification period, his or her certification will remain valid for ten years from the expiration of the original certification date, or most recent recertification date. For example, if certification expires December 31, 2019 and the physician recertifies in 2018, the new certification would still be valid through December 31, 2029.

Renewal Deferrals

In cases of extreme hardship, such as serious illness, unemployment, or public or military service, certificants may request a renewal deferral. The certificant must submit the request in writing. The letter requesting deferral must clearly identify the hardship, detail the progress to date toward maintenance of certification and propose a sufficient plan for meeting the maintenance of certification requirements in the required timeframe.

Deferrals will be granted for a period of no longer than twelve (12) months. If a deferral is granted, the original expiration date for the certification will remain constant. During the deferral period, the individual is not considered to be certified and may not use the CBCCT designation.

The President of the CBCCT Board will appoint a Renewal Deferral Task Force which will be responsible for reviewing requests for extensions. The Task Force shall be composed of 3-5 certificants with the immediate past president serving as Chair of the Task Force. The Task Force shall be appointed prior to each renewal cycle.

The Renewal Deferral Task Force has the authority to approve or deny renewal deferral requests. Individuals denied a deferral may appeal the decision in accordance with the Due Process and Appeals Procedures.

REAPPLICATION

Candidates who are unsuccessful on an examination may apply for re-examination the following year. To be granted admission, candidates must meet all applicable licensure, professional standing and application requirements.

CANDIDATES WHO FAIL THE EXAM THREE OR MORE TIMES

Candidates who have not succeeded in passing the examination after three (3) attempts are required to re-meet requirements for Level 2 training in cardiovascular CT according to the ACCF COCATS training guidelines.

DIPLOMATE RESPONSIBILITIES

It is the responsibility of CBCCT Diplomates to keep the CBCCT office informed of address changes so the online verification database contains the correct information.

It is the responsibility of CBCCT Diplomates to maintain their certified status by applying at the appropriate time in order to recertify during the ten year certification period. CBCCT will make a good faith effort to contact Diplomates regarding changes in policy and procedure and to provide application material to recertify; however, the onus is on Diplomates to maintain their certification status.

EXAMINATION DEVELOPMENT

The CBCCT is committed to developing a high-quality certification examination using processes that comply with testing and certification industry standards. The required examination development processes are described below.

Practice Analysis

The Examination Committee, in consultation with the CBCCT Board of Directors, shall appoint a Practice Analysis Task Force to oversee a practice analysis study to define and validate the content and scope of cardiac CT practice. The practice analysis shall identify the tasks, knowledge and/or competencies required to competently perform and interpret cardiac CT examinations. The practice analysis shall be conducted at least every five years or more often if professional practice is rapidly changing.

The findings of the practice analysis study shall be used to inform the development of examination

specifications which outline: (1) the content areas to be covered on the examination, (2) the relative weighting of these content areas, (3) the cognitive level at which the content should be tested, and (4) the types of items to be used on the examination. The Practice Analysis Task Force will submit the proposed examination specifications to the Board for final approval. If CBCCT prefers, the Board may be assigned the responsibility of approving the final specifications.

Development of Examination Items

The Examination Committee is responsible for ensuring that there are a sufficient number of acceptable items in the item pool and that these items are distributed proportionally across the content areas outlined in the examination specifications. To this end, the Examination Committee shall identify and recruit qualified individuals to serve as item writers and will make assignments to these writers based on the status of the item pool. Wherever possible and appropriate, question writers should be CBCCT certificants. Question writers will be provided with a question-writing guide and other instruction, as appropriate.

The Examination Committee shall develop policies related to the required content and format of items and associated images, figures, etc.

Examination items must be referenced to readily publicly available documents prepared through an editorial and peer review process (e.g., textbooks, journal articles, practice guidelines).

Review of Examination Items

Examination items must be subjected to a thorough psychometric review and subject matter expert review and approval process prior to appearing on an examination form. Newly written (“raw”) items shall undergo a psychometric review by CBCCT’s certification/testing consultant. Following the psychometric review, the Examination Committee will convene to perform a subject matter expert review of the items. The purpose of this review is to ensure that: (1) the content of each item is suitable for the examination, (2) the item and associated figures and images are of acceptable quality, and (3) the item key (correct answer) is one for which there is consensus in the field. The Committee shall revise items, as necessary, and delete items deemed unsuitable for the examination. The Committee shall also review

and revise previously used items, as appropriate, to improve their quality.

The Examination Committee shall establish mechanisms for periodic review of the item bank to ensure that the items are current and relevant to the assessment process and sufficient quantities of items are available to meet the examination specifications.

Assembly and Review of Examination

The CBCCT certification/testing consultant shall assemble a draft examination in accordance with the examination specifications. The Examination Committee shall convene to review and revise the draft examination. As part of the review process, the Committee will confirm the suitability of the each item and the accuracy of the key, approve images and figures, and eliminate redundancies and cluing in the examination items. Following the Committee review, a revised examination draft shall be prepared and submitted to a subcommittee for final review, key validation and approval.

Item and Examination Analysis

To assess the quality of the CBCCT items and ensure a fair scoring process, the items shall undergo a preliminary item analysis prior to the final scoring of the examination. The CBCCT certification/testing consultant shall perform these analyses and flag potentially problematic items based on the following criteria:

- Difficult item (less than 25% of examinees answered correctly);
- Poor item discrimination (biserial less than .20);
- Abnormal number of omits (more than 33% of examinees omitted item); and
- Possible double key (a high number of examinees selected a particular distracter as key).

Flagged items shall be reviewed by the Examination Committee, which will determine whether the item should be: (a) scored “as is,” (b) scored with two alternate keys, or (c) deleted from scoring (by scoring all options as correct).

Following the identification of any needed scoring changes required, the CBCCT certification/testing consultant shall perform final item and examination analyses. Final item analyses shall include, but not be limited to: item difficulty (p-value) and item

discrimination (biserial). Examination analyses shall include, but not be limited to: reliability, discrimination, difficulty, and the standard error of measurement.

Examination Scoring

To ensure that the passing standard is consistent with the intent of the certification process and the targeted level of competency required for certification, this standard shall be set by means of a criterion-referenced method. The Examination Committee, in consultation with the CBCCT Board of Directors, shall appoint a Passing Score Task Force to participate in the standard –setting process and recommend a proposed passing standard to the CBCCT Board. The Passing Score Task Force shall be comprised primarily of individuals believed to be currently performing at the level of minimal competence in cardiac CT. A standard-setting study should be conducted every five years or when significant changes are made to the examination specifications, item formats or assessment process.

Whenever examinee volumes permit, equating will be used to maintain the passing standard across different examination forms and to statistically adjust scores, as necessary, to compensate for differences in difficulty across examination forms.

Passing candidates will receive a notification indicating that they have passed the examination. Their score will not be included in this notification. Failing candidates will be informed of their score and of the score required to pass the examination. All examinees will be provided with a diagnostic report outlining their performance within each of the major content areas covered on the examination.

TEST ADMINISTRATION

Test Sites and Dates

The CBCCT examination is administered once per year, in computer based testing centers, on a date or dates specified by CBCCT. The date of each test administration shall be published on the CBCCT website a minimum of nine (9) months in advance of the administration.

Test Administration Procedures

Examinations shall be administered in a standardized manner and in accordance with the procedures outlined in the CBCCT and test administration manuals.

Examinees will be monitored by no less than one (1) proctor for every twenty (20) candidates at all times, using at least one (1) of the following methods:

- Direct viewing of the testing and lounge areas
- Video monitoring, with or without audio

Candidates must at all times comply with posted test center rules and regulations, and with security requirements of CBCCT and the computer based testing vendor, published on the CBCCT website (www.CBCCT.org) and at test administration centers. Candidates who do not comply with test center rules will be excused from testing and escorted from the testing center. No refund will be made.

Special Accommodations

See Appendix D for Details

Errors and Disruptions in Examination Administration

Occasionally errors or disruptions occur in the creation, administration and scoring of examinations. When such errors or disruptions prevent a candidate from taking or completing the examination or receiving a score for a completed examination, CBCCT may provide the affected candidate with an opportunity to take the examination at the next scheduled examination date for a reduced or waived examination fee or may arrange a special test administration. This shall be the candidate's sole remedy. The CBCCT shall not be liable to any candidate for inconvenience, expense, or other damage, including consequential, incidental, special, or exemplary damages, caused by any problems in the creation, administration, or scoring of an examination, including delays in score reporting. Under no circumstances will CBCCT reduce its standards or overturn a candidate's score as a means of correcting a problem in examination administration.

Issues or problems arising during the administration of examinations must be reported to Prometric test

center staff by the candidate experiencing the issue or problem at the time the exam is being administered and prior to the candidate departing the test center site on the day the examination is scheduled. Candidates must also notify CBCCT of any issues or problems with the administration of the examination within 48 hours of candidate's scheduled examination time.

Cancellation of Participation in Examination

In the event a candidate decides for any reason to cancel participation in the examination, a refund in the amount determined by the Board will be returned to the candidate provided that the cancellation notice is received from the candidate by CBCCT no later than ten (10) business days prior to the date of the examination. The notification must be in writing and must carry the signature of the candidate. Faxed cancellations with signature will be accepted.

Candidates also are responsible for contacting the testing vendor to cancel their testing appointment. Evidence of a confirmed cancellation from the testing vendor is required before a refund can be issued by CBCCT.

Candidates who cancel participation will be required to file new applications, pay applicable fees and meet applicable eligibility criteria if they wish to sit for future examinations.

Failure to Sit for Examination

If a candidate fails to cancel in accordance with the above-detailed procedures or for any reason fails to appear at the testing site where he or she is registered to sit for the examination, he or she will forfeit all fees paid and no refund will be provided. Candidates who arrive late and are not permitted to sit for the exam will forfeit all fees paid and no refund will be provided.

Candidates who fail to sit for the examination will be required to file new applications, pay applicable fees and meet applicable eligibility criteria if they wish to sit for future examinations.

DUE PROCESS AND APPEALS

The CBCCT provides an appeals process for review of actions or decisions of the CBCCT. The process is available to any individual who feels aggrieved by an action or a decision of the CBCCT.

It is the intent of the CBCCT to provide individuals with an expeditious, cost-effective and fair process to review actions and decisions of the CBCCT. All appeals are handled by the CBCCT through its Due Process and Appeals Committee and are subject to final action by the Board of Directors of the CBCCT. All actions and decisions of the CBCCT shall be final, once the Board of Directors has ruled on the appeal.

An appeal may be made by a candidate or certificant regarding the following circumstances:

- CBCCT's interpretation of the candidate eligibility and maintenance of certification requirements;
- suspension or revocation of the credential;
- examination administration procedures;
- testing conditions severe enough to cause a major disruption of the examination process; and
- examination content and item keys as they relate to the candidate's examination score.

The following appeals shall not be considered by the Committee:

- Appeals from failed examinees based solely on a belief that they should have passed and unaccompanied by material documenting cause.
- A declaration and/or evidence that the individual prepared intensely for the exam or has practiced cardiac CT for many years.
- Appeals from failed examinees based on having missed the cutoff for passing by one, two or any number of points.

An appeal must be made in writing and sent via registered or certified mail within thirty (30) days of the postmark date on the CBCCT letter in which the individual is notified of the decision the individual is appealing. The appeal shall be sent to: Certification Board of Cardiovascular Computed Tomography, Att: Chairman, Due Process and Appeals Committee, 101 Lakeforest Boulevard, Suite 401, Gaithersburg MD 20877. (Note: FAXes or email will not be accepted.)

An appeal must contain the following:

- A description of the action taken by the CBCCT.
- The date of the action taken by the CBCCT.
- The reasons the action by the CBCCT should be overturned or modified.
- Any new, previously unavailable, relevant evidence supporting the appeal.
- The corrective action sought by the applicant; and
- Copies of relevant documentation which the applicant requests be reviewed in the appeal process.

An appeal to the Due Process and Appeals Committee shall be acted upon by the Committee within forty-five (45) days of the receipt of the appeal. For good cause, CBCCT may extend this time period an additional thirty (30) days provided written notice is provided to the interested party.

The affected party may request a hearing via telephone conference call with the Due Process and Appeals Committee, provided that a request for hearing shall accompany the appeal. Legal counsel for the affected party may participate. Legal counsel for the CBCCT shall also participate in the conference call hearing.

A recommendation on the appeal by the Due Process and Appeals Committee shall be forwarded by the Chairman of the Committee to the President of the CBCCT Board of Directors within fourteen (14) days of the meeting of the Committee for final review by the entire Board. All decisions by the Due Process and Appeals Committee on appeals shall be by majority vote of the entire Committee.

The CBCCT Board of Directors shall consider the recommendation on appeal by the Due Process and Appeals Committee within thirty (30) days of receipt of the recommendation and shall either affirm, modify or reverse the recommendation of the Committee. The President of the CBCCT Board of Directors shall notify the interested party of the final decision of the Board which decision shall be final and binding upon the interested party and the CBCCT.

All decisions of the CBCCT Board of Directors on appeals shall be by a majority vote of the entire Board of Directors and shall be final and binding on the CBCCT and the applicant.

The Due Process and Appeals Committee shall consist of a minimum of three members appointed by the

CBCCT President to serve a term of three years. The appointees must be CBCCT certified and should not be members of the Board of Directors or Eligibility, Examination or Maintenance of Certification Committees.

SUSPENSION AND REVOCATION OF DESIGNATION

The integrity and credibility of the CBCCT is dependent on the high ethical standards of its certificants. Certification is an earned but revocable denotation of professional competence, which includes a high ethical standard consistent with the profession. When a serious ethical transgression occurs and is documented, the Board reserves the right to revoke or suspend certification. Once a final determination that results in suspension or revocation has been made, the decision will be reported to the National Physician Database.

A certificant may be reprimanded or his/her certification revoked or suspended for any serious event, including, but not limited to: a conviction of a felony, loss of licensure in any state, loss or suspension of hospital privileges, substantial change of hospital privileges reducing scope of practice, other unprofessional conduct leading to reporting to the National Physician Database, violation of examination procedures or security, misrepresenting or falsifying an application or other information related to professional practice, improper use of the credential, or other violations of CBCCT's policies and procedures.

The certificant has a duty to report to the CBCCT Ethics and Discipline Committee any serious event, including, but not limited to, a conviction of a felony, loss of licensure in any state, loss or suspension of hospital privileges, substantial change of hospital privileges reducing scope of practice, and any other unprofessional conduct leading to reporting to the National Physician Database. Failure to report any of the above or other infractions considered to be of a serious nature to the CBCCT in a prompt manner will lead to permanent revocation of certification.

Once the Board discovers or receives report of a serious event from the certificant or other source, the CBCCT Ethics and Discipline Committee will investigate and review the matter as set forth in

the CBCCT Ethics and Discipline Committee Procedures.

All appeals relative to revocation or suspension of the CBCCT credential shall be in accordance with the existing CBCCT Due Process and Appeals Procedures.

Reinstatement of Certification

An individual whose certification has been suspended for any reason must meet the requirements established at the time of suspension before certification will be reinstated.

A request for reinstatement to the Due Process and Appeals Committee shall be acted upon by the Committee within six (6) months of the receipt of the request for reinstatement. A recommendation on the reinstatement by the Due Process and Appeals Committee shall be forwarded by the Chairman of the Committee to the President of the CBCCT Board of Directors within fourteen (14) days of the meeting of the Committee for final review by the entire Board. All decisions of the Due Process and Appeals Committee on reinstatement shall be by majority vote of the entire Committee.

The CBCCT Board of Directors shall consider the recommendation of the Due Process and Appeals Committee within thirty (30) days of receipt of the recommendation and shall either affirm or reverse the recommendation of the Committee using an arbitrary and capricious standard of review. All decisions of the CBCCT Board of Directors on reinstatement shall be by three-fourth ($\frac{3}{4}$) majority vote of the entire Board of Directors. The President of the CBCCT Board of Directors shall notify the interested party of the final decision of the Board which decision shall be final and binding upon the interested party and the CBCCT.

ETHICS AND DISCIPLINE PROCEDURES

The CBCCT provides a process to discipline certificants for unprofessional conduct, unethical conduct and other conduct in violation of CBCCT rules and policies and procedures. The discipline procedure is handled by CBCCT through the Ethics and Discipline Committee.

It is the intent of CBCCT to provide certificants subject to discipline with an expeditious, cost-effective and fair discipline process. All actions and decisions of CBCCT through the Ethics and Discipline Committee shall be final unless either an application for reconsideration or a notice of appeal is filed in a timely manner by the certificant.

Any interested party may notify the CBCCT of any fact that might cause a certificant to be disciplined. Following the receipt by CBCCT of any information of alleged unethical or other conduct which might cause a certificant to be disciplined, the information will be formalized by CBCCT as a complaint and will be referred by CBCCT to the Ethics and Discipline Committee.

The Ethics and Discipline Committee will conduct an independent investigation of the facts and shall make a preliminary conclusion to either close its investigation without further proceedings or continue the investigation by contacting the certificant in question. If the Ethics and Discipline Committee determines that the facts merit contacting the certificant, it shall do so within forty-five (45) days of the conclusion of its initial investigation and shall advise the certificant of the specifics of the complaint; the facts discovered during the initial investigation; and invite the certificant to provide additional facts or otherwise respond to the complaint within forty-five (45) days of the receipt of the notice from the Ethics and Discipline Committee. For good cause, the Ethics and Discipline Committee may extend the time for the certificant's response for an additional thirty (30) days.

Upon receipt of the response from the certificant within the times specified herein or upon the certificant's failure to respond, the Ethics and Discipline Committee shall set a hearing date to consider all of the facts and make a final determination. The Committee shall advise the certificant of the date and time of the hearing so as to permit the certificant to appear in person or

otherwise and present written documents, exhibits and arguments contravening the evidence in support of the complaint or in mitigation thereof. The certificant may be represented by legal counsel. The strict rules of evidence shall not apply and the Ethics and Discipline Committee shall consider any evidence which it deems to be relevant and material to the facts of the complaint.

Upon conclusion of a review of all the evidence in support of the complaint and any submissions from the certificant, the Ethics and Discipline Committee shall convene privately and shall make written

findings of fact, conclusions and shall either dismiss the complaint or enter an appropriate sanction including withdrawal of the certification. The Ethics and Discipline Committee shall advise the certificant and CBCCT within ten (10) days after the hearing of its decision.

An application for reconsideration or an appeal of any discipline imposed by the Ethics and Discipline Committee shall be directed to the Due Process and Appeals Committee to be handled within the time and according to the procedures set forth in the Due Process and Appeals Procedures Statement.

APPENDIX A: CERTIFICATION REQUIREMENTS AND ELIGIBILITY

Four eligibility requirements must be met for CBCCT Certification eligibility, including licensure, board certification, training/experience, and continuing medical education.

STANDARD PATHWAY

Requirement 1: Licensure

U.S. applicants must, at the time of application, hold a current, unconditional, unrestricted license to practice medicine in the U.S. and must provide a copy of the current license. Non U.S. applicants must provide a copy of a current license from their country of practice.

Requirement 2: Board Certification

- Subspecialty certificate in **CARDIOVASCULAR DISEASE** from the American Board of Internal Medicine or subspecialty certificate in cardiology from the American Osteopathic Board of Internal Medicine
- Certificate in **NUCLEAR MEDICINE** from the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine
- Certificate in **RADIOLOGY** from the American Board of Radiology or the American Osteopathic Board of Radiology and is either qualified in or has met eligibility criteria in thoracic CT as governed by the following practice guidelines of the American College of Radiology:
 - ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT), (2001 (Res. 10) Amended 2002 (Res. 2); Revised 2006 (Res. 14, 16g, 17, 34, 35, 36); Amended 2007 (Res. 38) Effective 10/01/06)
 - ACR Practice Guideline for the Performance and Interpretation of Cardiac Computed Tomography (CT). (2006 (Res. 10,16g,17,34,35,36) Effective 10/01/06)
- Those who have completed their fellowship/residency training in cardiology, nuclear medicine or radiology but who have not passed their Cardiology, Nuclear Medicine or Radiology board examination may apply to sit for the CBCCT examination. Upon successful completion of the CBCCT exam, these individuals will have Testamur status until provision of material documenting board certification in Cardiology, Nuclear Medicine or Radiology. These applicants will have two examination cycles in their specialty to obtain certification, after which their Testamur status will lapse and the CBCCT examination must be retaken to become a diplomate.
- For applicants whose training was completed outside of the U.S., certification from an equivalent medical specialty board is required.

BOARD CERTIFICATION REQUIREMENTS FOR ALTERNATE PATHWAY

NOTE: For a limited period of time, physicians who hold certification from recognized boards other than those cited above (cardiology, nuclear medicine or radiology) and who have substantial cardiac CT experience will be permitted to sit for the CBCCT examination provided they have met the conditions specified under the "Alternate Pathway".

This category is not meant for those in Cardiology Fellowship or Nuclear Medicine or Radiology Residency Programs who have not completed their training. These individuals must apply through the Standard Pathway once their training has been completed.

The Alternate Pathway will expire after the 2010 administration of the CBCCT examination. Thereafter, all candidates must apply through the Standard Pathway.

Requirement 3: Training/Experience in the provision of Cardiovascular Computed Tomography Services

	Radiology	Cardiology/ Nuclear Medicine
CCT Training	<ul style="list-style-type: none"> ▪ Supervision and/or interpretation of a minimum of 50 contrast cardiac CT examinations, excluding those performed exclusively for calcium scoring, completed in the 12 months prior to application for the CBCCT examination, AND ▪ Examinations in Thoracic CT (according to the ACR Guidelines) <ul style="list-style-type: none"> ▪ With Qualification in Thoracic CT, qualification and interpretation of 300 thoracic CT examinations in the past 36 months ▪ Without Qualification in Thoracic CT, qualification and interpretation of 500 CT examinations, including 100 thoracic CT studies in the past 36 months. 	<p>Level 2 Training or Equivalent</p> <ul style="list-style-type: none"> ▪ 150 contrast cardiac CT examinations; for 50 of these cases, the applicant must be physically present and be involved in the acquisition and interpretation of the case, AND ▪ Evaluation of 50 non-contrast studies, AND ▪ A minimum of fifty contrast CT angiograms interpreted and reported in a clinical environment or interpreted on a workstation in a supervised teaching environment in the 12 months prior to application for the CBCCT examination.
Documentation to Verify Training/ Experience	<ul style="list-style-type: none"> ▪ Statement from supervisor/colleague or Program Director, on organizational letterhead, attesting that the applicant: <ul style="list-style-type: none"> ▪ practices cardiac CT and has completed the required number of cardiac CT cases in the last 12 months, AND <ul style="list-style-type: none"> ▪ has met the American College of Radiology (ACR) guidelines on qualification in thoracic CT has interpreted 300 thoracic CT examinations in the past 36 months, OR ▪ has not met the American College of Radiology (ACR) guidelines for qualification in thoracic CT but has interpreted 500 CT examinations, including 100 thoracic CT studies, in the last 36 months. 	<p>For Level 2 Equivalent completed prior to 2005: Statement from supervisor/colleague, on organizational letterhead, attesting that the applicant practices cardiac CT and has completed the required number of cases as outlined above.</p> <hr/> <p>For training completed between January 1, 2005 and December 31, 2006: Course certificates and/or statements from Course Directors/Program Directors on organizational letterhead attesting that applicant has completed a cardiac CT training program and the required number of cases as outlined above.</p> <hr/> <p>For training completed after January 1, 2007: Course certificates and/or statements from Course Directors/Program Directors, on organizational letterhead, attesting that applicant has fulfilled the ACCF/AHA Level 2 cardiac CT training requirements.¹</p>
<p>Multiple statements and/or course certificates may be necessary to document required training and examinations. Verification of Level 2 or Level 3 CCT training from the verification program of the Society of Cardiovascular Computed Tomography will be accepted toward partial or full fulfillment of the case requirement as appropriate.</p>		

Requirement 4: Continuing Medical Education

Radiology	Cardiology/ Nuclear Medicine
<p>Category I CME in the areas of cardiac CT and/or cardiac anatomy/physiology in the 36 months prior to application for the CBCCT exam:</p> <ul style="list-style-type: none"> ▪ 30 Hours if Board certified in Radiology ▪ 200 hours if no Board certified in Radiology 	<ul style="list-style-type: none"> ▪ 20 hours of Category I CME in CT in general, and/or CCT in particular, in the 36 months prior to application for the CBCCT examination. <p>Note: CME requirement is waived for those who completed fellowship/residency in the prior three years.</p>

ALTERNATE PATHWAY

Available **ONLY** for applicants who are **NOT Board Certified or Board Admissible in Cardiology, Nuclear Medicine or Radiology**

NOTE: This pathway is only available through the 2010 administration of the CBCCT certification examination.

Board Certification	At the time of application, the applicant must hold a certification from a member board of the American Board of Medical Specialties or a specialty board of the American Osteopathic Association, in a field other than cardiology, nuclear medicine or radiology.
Number of Examinations Performed	600 contrast cardiac CT examinations performed as primary operator; for 450 of these cases, the applicant must have been physically present and be involved in the acquisition and interpretation of the case. NOTE: A minimum of fifty of the above cases must be completed in the 12 months prior to application for the CBCCT examination.
Relevant Experience	<ul style="list-style-type: none">▪ Applicant is currently working within clinical medicine or as a full-time research associate, AND▪ Applicant has worked full-time, for at least 2 years, at least 1 of which was under the supervision of a Level 2 or 3 trained cardiac CT clinician, and with at least 50% of time spent in a dedicated CT laboratory.
Verification of Experience	Statements from two physicians, both of whom have completed Level 2 cardiac CT training, ¹ and at least one of whom either holds the CBCCT certification or is eligible to sit for the CBCCT examination. The statements must be submitted on organizational letterhead and attest that the applicant has completed the required number of cases and the relevant experience requirement. Verification of Level 2 or Level 3 training from the verification program of the Society of Cardiovascular Computed Tomography will be accepted toward fulfillment of the case requirement.
Continuing Medical Education	20 hours of Category I CME in CT in general, and/or CCT in particular, in the 36 months prior to application for the CBCCT examination

Reference on Eligibility:

¹Budoff MJ, Cohen MC, Garcia MJ et al. ACCF/AHA clinical competence statement on cardiac imaging with computed tomography and magnetic resonance: a report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training. *J Am Coll Cardiol* 2005 July 19;46(2):383-402.

APPENDIX B: FEES

Application

All applicants must pay an application fee, determined annually by the CBCCT Board. An application rush processing fee will be applied to applications received after the application deadline, up to the designated rush processing deadline. If an applicant is determined to not be eligible to sit for the examination, a refund of the initial application fee less a non-refundable processing and rush fees shall be made.

Resubmission Fee for Incomplete Applications

Individuals who submit an application that is incomplete or missing any supporting documentation will receive a letter from CBCCT detailing what is needed to make the application complete. To be considered eligible for certification or maintenance of certification, candidates must submit the required information by the date indicated in the letter and pay a resubmission fee of an amount to be determined annual by the CBCCT Board and published in the Candidate Bulletin.

Nonsufficient Funds

Applicants whose checks are returned for nonsufficient funds will be subject to a fee before their application will be processed.

Handscoring

Candidates who request that their examinations be manually scored must pay a rescoring fee. The results will be mailed directly to the examinees within three weeks of receipt.

APPENDIX C: EXPLANATION OF TERMS

Types of Board Status

1. Applicant:

An individual who submits an application to sit for the examination. The this term is generally used until the eligibility of the individual has been established, at which time the applicant becomes a candidate.

2. Candidate:

An individual who has submitted an application and whose eligibility has been established; this individual is authorized to sit for the examination.

3. Diplomate:

An individual becomes a Diplomate of the Board when the written examination has been passed and the Board's certificate has been awarded. Certificates have limited duration of validity (10 years).

4. Testamur:

An individual who has passed the examination but has not met the Board certification requirement for eligibility due to recentness of training. Testamurs are not listed in the roster of Diplomtes.

To become a Diplomate a Testamur must pass the certification boards in Cardiology, Nuclear Medicine or Radiology within 2 cycles. Should this not happen, the Testamur status of the individual will lapse.

5. Expired Certificate:

An individual who has failed to successfully complete the recertification process prior to the expiration date printed on his/her time-limited certificate. Individuals in this category are no longer considered Diplomates of the Board and may not advertise or otherwise designate that they are certified.

Case Requirements

- **150 Contrast Cases (175 if 25 video feed cases do not have workstation access)**

Direct Performance (Candidate Physically Present) Requirement (50)

- For 50 of these, the candidate must have been physically present and involved in the acquisition and interpretation of the case.
 - **Category A:** For a minimum of 25 cases, the applicant must be present in the scanning room during CT raw acquisition and image reconstruction from that raw data. Workstation required.
 - **Category A1:** For a maximum of 25 cases, the applicant may observe data acquisition from a taped video demonstration. Workstation required.
 - **Category A2:** If the data from the taped patients are not available for review on a workstation, they count toward the cases where the applicant was physically present, but not toward the cases where data manipulation and interpretation is required.
- Interactive manipulation of the reconstructed data sets for evaluation of the observed scan must be performed or witnessed by the applicant.
- During the data evaluation process there must be an opportunity for interaction between the applicant and the trainer.

NonDirect Performance Requirement (100)

- **Category B:** A maximum of 50 cases from educational CD or presentation granting CME credit that contains CT data review, clinical information and appropriate clinical correlative information.
- **Category B:** A minimum of 50 cases involving interactive manipulation of reconstructed datasets using a workstation.
- **50 Non-Contrast Cases**
 - **Category C:** Can include the same cases as contrast above with an initial non-contrast component

Contrast (150)				NonContrast (50)
Direct/Live (50 min) (physically present)		NonDirect (100 min)		Can be same cases as initial contrast
25 (min) actual live cases	25 (max) video feed cases* * if not done on workstation, total cases required =175	50 (max) CD, DVD, Internet – requires data review	50 (min) interactive, manipulated on workstation	

Case Requirements for Ongoing Competency

To meet the continuing experience requirement of the ACCF/AHA Clinical Competence Statement on Cardiac CT and MR, physicians must have "conducted and interpreted" 50 cases within the last 12 months. For purposes of CBCCT eligibility, "conducted and interpreted" will be defined as having interpreted and reported 50 coronary CT angiograms OR by interpretation with a workstation in a supervised teaching environment.

APPENDIX D: SPECIAL TESTING ACCOMMODATIONS

Providing Reasonable Accommodations for Candidates with Disabilities

The Certification Board of Cardiovascular Computed Tomography (CBCCT), in accordance with the Americans With Disabilities Act (ADA, 1990), provides reasonable and appropriate accommodations for disabled individuals who supply appropriate documentation.

Qualified Individual with a Disability

A "qualified individual with a disability" is one who has a disability and satisfies the requisite skill, experience, education and other requirements of the service, program or activity of which he or she is being measured and, with or without accommodations, can perform the essential functions of the service, program or activity. An essential function is one that individuals are required to perform, and removing that function would fundamentally change the service, program or activity. A person must be a "qualified individual with a disability" to be protected under the ADA.

Reasonable Accommodations

Reasonable accommodations provide disabled candidates with a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the exam. Reasonable accommodations do not include actions that fundamentally alter the purpose or nature of the examination. Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking, talking, hearing and performing manual tasks); have a record of such physical or mental impairment; or is regarded as having a physical or mental impairment.

Reasonable accommodations are decided upon based on the individual's specific request, disability, documentation submitted and the appropriateness of the request. The most frequent requests involve providing the candidate with extended time and/or a separate room. No additional cost is placed on the candidate.

Proper Documentation

Candidates requesting special accommodations must submit CBCCT's Request for Special Accommodations Form to the CBCCT office with their application. Medical documentation from an appropriate licensed professional or certified specialist who diagnosed the disability of specific needs must accompany the request. The documentation must be submitted on the professional's letterhead, provide a diagnosis of the disability and the test(s) used to determine the disability.

The Special Accommodations Request must be specific as to the nature of the disability and on what remedy is needed. The applicant is responsible for demonstrating that the request should be granted.

Confidentiality

CBCCT strictly adheres to a policy of confidentiality and does not disclose names of applicants with disabilities or information concerning the application or accompanying documentation. Examinations administered with accommodations are not identified to third party score recipients and are scored no differently than examinations of other applicants.