CCEeXAM Exam Details

Format
The New Special Competence in Critical Care Echocardiography Exam (CCEeXAM) will be a 200-item computer-based exam. Questions will be multiple choice with video and still-images incorporated. Additional exam information can be found on the FAQ section of our website.

Tutorial
NBE offers a tutorial to familiarize yourself with how Prometric’s computer-based tests operate. This tutorial will also be available at the beginning of the exam and you are given 15 minutes to navigate it. Go to http://orientation.nbme.org/1Launch/NBE to view the tutorial.

Eligibility Requirements
Applicants for the CCEeXAM must hold a valid (unexpired) license to practice medicine (including training or temporary licenses) at the time of their application or must currently be in an ACGME accredited training program and in good standing. If you do not have a medical license, you must submit an original, notarized letter from the program director verifying this information. The letter must also be on appropriate letterhead and include the ACGME program number. PLEASE NOTE that if you are in an ACGME accredited training program and you DO have a valid license to practice medicine (a current training license) you DO NOT need to submit the letter from your program director. A copy of the valid license to practice medicine will suffice.

Eligibility Requirements for Non-North American Trained Physicians
Non-North American Trained Physicians applying for the CCEeXAM must supply the following: Current License to Practice Medicine. If your medical license does not have an expiration date, you are required to supply ONE of the following:

• An original letter from the Medical Council stating your license is permanent,

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• An original certificate of good standing, dated no more than 12 months prior to the date your online application is received via mail. All documentation must be supplied in English. If the original documentation is not in English, a certified translation must be attached to each document. The examinee will be responsible for all costs associated with a certified translation if needed. Please allow yourself appropriate time if needed to obtain your medical license from a third party or a translation is necessary. If any original documentation is required, it should be mailed to: The National Board of Echocardiography, 1500 Sunday Dr., Suite 102, Raleigh, NC 27607

Certification
Once a physician passes an NBE exam, they are awarded Testamur status with the National Board of Echocardiography. There is no current information as to a certification process towards Diplomate status with the NBE in Critical Care Echocardiography as it is still in the developmental stage. A content outline can be found on the reverse of this page. For additional questions contact us at: info@echoboards.org or 1-833-270-1444.

Refund/Cancellation and Deferment Policy
Candidates who wish to cancel their application for the 2019 CCEeXAM application MUST notify NBE in writing via email to krussell@echoboards.org.

The refund/cancellation process is as follows: Candidates registered during the early registration period* who wish to cancel/withdraw their application will receive a partial refund of $795.00 (the initial fee of $995.00 minus a $200.00 processing fee). All written requests to cancel/withdraw MUST be received via email to krussell@echoboards.org before 12:00 PM (Noon) EST on Friday, September 7, 2018. Any early registration requests received after this deadline will not be processed and the late registration fee will apply.

• Please Note: Candidates that submit an application during the late registration period (after 12:00 PM (Noon) EST on Friday, September 7, 2018) are NOT subject to a refund. Withdrawal or cancellation will result in forfeiture of ALL exam fees. Late Registration Deadline: Friday, November 16th, 2018 @12:00 pm (Noon) Eastern Standard Time.

Late Registration Fee: $1,195.00 USD.

*No registration exceptions will be made beyond this deadline.

Candidates may defer, for any reason, their 2019 CCEeXAM application and fee paid to the 2020 examination registration, as a one-time courtesy (2020 ONLY), if requests and payments are received before 12:00 PM (Noon) EST on Friday, December 21, 2018 for an additional fee of $200.00. Any requests received after this deadline, without medical documentation, will not be considered or processed.

The deferment process is as follows:

• A written request to defer MUST be received via email to krussell@echoboards.org before 12:00 PM (Noon) EST on Friday, December 21, 2018.

• The completed Deferment Request and Payment Form MUST be returned by email to krussell@echoboards.org on or before the deadline.

- The administrative fee payment of $200.00 is due at time the deferment is requested. Deferments will not be processed until payment is made.
- If $200.00 fee is not received before 12:00 PM (Noon) EST on Friday, December 21, 2018 the deferment will not be processed. Candidates will need to take the examination or forfeit ALL exam fees.

Deferment Policy

*IMPORTANT* – If an examination location and time has been scheduled with Prometric, it is the applicant’s responsibility to cancel the appointment at www.prometric.com. Upon cancelling the appointment with Prometric the candidate MUST provide NBE with a copy of the cancellation confirmation that Prometric will email you. Requesting to cancel or withdraw with NBE DOES NOT cancel your examination appointment with Prometric.

(continued on reverse)
1. Functional Anatomy
   A. Left ventricle
      1. Systolic function (qualitative, quantitative)
      2. Diastolic function
      3. LV chamber quantification
      4. Masses/thrombi
      5. Cardiomyopathies
   B. Right ventricle
      1. RV chamber quantification
      2. Function
      3. Estimated right heart pressure
   C. Atria
      1. Chamber quantification
      2. Atrial septum
      3. Masses/thrombi
      4. Left atrial hemodynamics
   D. Valvular disease
      1. Aortic
      2. Mitral
      3. Tricuspid
      4. Pulmonic
      5. Endocarditis
      6. Prosthetic valve disease/dysfunction
   E. Pericardium
      1. Pericardial effusion
      2. Constrictive pericarditis
      3. Hematoma
   F. Great vessels
      1. Aorta
      2. Pulmonary artery
      3. IVC and SVC
   G. Devices and foreign bodies
      1. Catheters
      2. Pacing wires
      3. Cannulae
   H. Intracardiac masses
      1. Left ventricle
      2. Right Ventricle
      3. Atria
   I. Adult congenital
      1. Atrial septal defect
      2. Ventricular septal defect
      3. Bicuspid valve
      4. Patent foramen ovale
      5. Persistent left superior vena cava

2. Clinical Diagnosis and Management
   A. Shock
      1. Obstructive
      2. Hypovolemic
      3. Distributive
      4. Cardiogenic
   B. Volume assessment
      1. Fluid responsiveness
      2. Volume overload

C. Acute cardiovascular presentations
   1. Myocardial infarction
   2. Regional wall motion abnormalities
   3. Pulmonary embolism
   4. Aortic dissection
   5. Valvular heart disease
   6. Cardiomyopathy
   7. Congenital heart disease

D. Trauma
   1. Blunt
   2. Penetrating

E. Respiratory failure
   1. Cardiac versus pulmonary
   2. Adverse effects of mechanical ventilation

F. Cardiac arrest
   1. Etiology
   2. Classification
   3. Appropriate implementation

3. Technical Skills & Equipment
   Optimization
   A. Physics
      1. 2D ultrasonography
      2. Doppler ultrasonography
      3. M mode
      4. Enhanced cardiac ultrasound (contrast)
   B. Artifacts
      1. Reverberations
      2. Side lobe
      3. Mirror image/refraction
      4. Acoustic shadowing
      5. Aliasing
      6. Electrical interference
   C. Image acquisition
      1. Probe position
      2. Probe manipulation
      3. Probe selection
      4. Indications
      5. Canonical views
      6. Image optimization
      7. Normal variants
      8. Patient positioning
      9. Cardiac versus abdominal presets

4. Integrated Ultrasound Imaging
   A. Lung and pleural
      1. Postintubation assessment
      2. A line versus B line
      3. Pleural effusion
      4. ARDS
      5. Pneumonia with sepsis
      6. Pneumothorax
   B. Vascular
      1. DVT
   C. Abdominal
      1. Evaluation for free fluid

NBE does not endorse or recommend any third-party review course or material. Any text in cardiovascular techniques and evaluation, and cardiac patient care and management may be used. Current standards and guidelines endorsed by professional societies are also appropriate.