

NASCI Verification of Cardiac MR Training

Overall Requirements

The physician supervising and interpreting cardiac MR must be knowledgeable about the administration, risks, and contraindications of Gadolinium-based contrast agents. The physician should have documented training in the physics of MRI. Additionally, the physician must be familiar with the principles of MRI safety, specifically regarding cardiac devices and how they apply to both patients and personnel.

Physicians administering pharmacologic agents as part of cardiac MRI should be knowledgeable about the administration, risks, and contraindications of the pharmacologic agents used, and should be capable of monitoring the patient throughout the procedure. Personnel monitoring stress-induced studies should have current Advanced Cardiac Life Support (ACLS) certification.

Specific Requirements

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications should include:

- Thirty (30) Category I CME on cardiac MRI **or** thirty (30) hours of equivalent cardiac MR education during training in a recognized radiology training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA). Note: The training should include education in cardiac anatomy, physiology, pathology, and cardiac MRI imaging.
- Interpretation, reporting or supervised review of at least 50 cardiac MRI examinations in the last 36 months.

For a non-radiology physician who assumes responsibilities for cardiac MRI imaging, additional qualifications should include:

- Completion of a training program in the specialty practice approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA).
- 200 hours of Category I CME in MRI including, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in cardiac and thoracic MRI
- Supervision, interpretation, or reporting of at least 150 MRI cases in cardiothoracic imaging in a supervised situation. Note: These cases must include at least 50 cardiac MRI examinations during the past 36 months.

Verification Renewal Process

The certificate of verification has a 3-year term, following the recommendation of the 2016 ACR/NASCI/SPR Practice parameters for cardiac magnetic resonance imaging, which recommends proof of continued training and practice every 3 years. Members in good standing of NASCI, demonstrating completion of 15 CME credits/year and proof of interpretation of 50 cases/3 years can request an updated certificate at no additional cost. All other candidates must pay an additional renewal fee.

Process of Verification:

- The candidate should provide name and contact information (address, phone number, email address) of the cardiac MRI training program for direct verification of on-site training.
- The candidate should send his certificates of training completion and/or signed letters of verification of experience from mentors to: North American Society for Cardiovascular Imaging through the website application process.
- A NASCI Verification Task Force will supervise the process and review all applications. Any unclear information or circumstances requiring further clarification will be reviewed by a committee of volunteer NASCI Educational Committee members.

This application must be accompanied with payment in full under the following fee schedule:

Cardiac MRI verification application fees:

Members: \$300
Non-members: \$500

Cardiac CT verification application fees:

Members: \$300
Non-members: \$500

Combined Cardiac CT and Cardiac MRI verification application fees:

Members: \$400
Non-members: \$600

Please complete the following form, noting the required information with a red *.

() I hereby make application to the North American Society of Cardiovascular Imaging for NASCI Verification of Cardiac MRI Training. I agree to disqualification from issuance of Verification if any of the statements hereinafter made by me are false, or if any of the rules governing this process are violated.*

Section #1 **Demographic Info**

Name _____

Sex: () Male () Female () Would rather not respond

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Email:** _____

Social Security No. (Optional) _____

Title(s) : _____

SECTION #2
Medical Education

Valid Medical License # _____ **State:** _____

Field of Certification: ACGME Radiology/Cardiology/Nuclear Medicine _____

Other (specify) _____ **Date: Month** _____ **Year:** _____

Name at time of certification if different than #1 above (if Board eligible, state date of anticipated certification): _____

Other specialty board certification: Board _____ **Date:** _____

Board _____ **Date:** _____

1. Medical School(s):

Name of Institution / City & State / Dates attended / Degree Earned

1 _____

2 _____

3 _____

2. Internship/Residency Program:

Name of Institution / City & State

Dates

1 _____ **From:** _____ **To:** _____

2 _____ **From:** _____ **To:** _____

3 _____ **From:** _____ **To:** _____

3. Fellowship Program:

Name of Institution / City & State

1 _____ Type: _____

Dates: From _____ To: _____

2 _____ Type: _____

Dates: From _____ To: _____

4. Current Employment Institution

Name of Institution / City & State

_____ Start Date: _____

Medical Director: _____ Phone: _____

5. Prior Employment Institutions

Name of Institution / City & State

a. _____ From _____ To: _____

Medical Director: _____ Phone: _____

b. _____ From _____ To: _____

Medical Director: _____ Phone: _____

c. _____ From _____ To: _____

Medical Director: _____ Phone: _____

SECTION #3

CME Credit Requirements

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications need to include:

- **Thirty (30) Category I CME on cardiac MRI or thirty (30) hours of equivalent cardiac MR education during training in a recognized radiology training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA). Note: The training should include education in cardiac anatomy, physiology, pathology, and cardiac MRI imaging.**

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

For a non-radiology physician who assumes responsibilities for cardiac MRI imaging, additional qualifications should include:

Completion of an ACGME-approved training program in the specialty practice

200 hours of Category I CME in MRI including, but not limited to: MRI physics, recognition of MRI artifacts, safety, instrumentation, and clinical applications of MRI in cardiac and thoracic MRI

Name of ACGME-approved program _____

Date(s) of program _____ Location _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

SECTION #4
Documentation of CMR exams

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications need to include:

Interpretation, reporting or supervised review of at least 50 cardiac MRI examinations in the last 36 months.

Institution #1: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted, reported or performed supervised review of the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

Institution #2: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted, reported or performed supervised review of the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

Institution #3: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted, reported or performed supervised review of the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

For a non-radiology physician who assumes responsibilities for cardiac CT imaging, additional qualifications need to include:

Supervision, interpretation, or reporting of at least 150 MRI cases in cardiothoracic imaging in a supervised situation. Note: These cases must include at least 50 cardiac MRI examinations during the past 36 months.

Institution #1: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES (Category B must equal or be greater than 50 cases; Category A & Category B must be greater than 150)

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has supervised, interpreted under supervision, or reported under supervision the above number and type of cases:

Signature: _____ **Title:** _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Facility Address: _____

Institution #2: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES (Category B must equal or be greater than 50 cases; Category A & Category B must be greater than 150)

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has supervised, interpreted under supervision, or reported under supervision the above number and type of cases:

Signature: _____ **Title:** _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Facility Address: _____

Institution #3: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Thoracic MRI

_____ # Category B - Cardiac MRI

_____ # TOTAL CASES (Category B must equal or be greater than 50 cases; Category A & Category B must be greater than 150)

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has supervised, interpreted under supervision, or reported under supervision the above number and type of cases:

Signature: _____ **Title:** _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Facility Address: _____

() I, the undersigned applicant, attest that the foregoing represents the volume of cases personally supervised, interpreted under supervision, or reported under supervision within the prior 36.

Signature of Applicant: _____ **Date:** _____

Agreement to terms:

I, the undersigned applicant, recognize the North American Society of Cardiovascular Imaging (NASCI) as the sole authority to evaluate and approve my qualifications to receive the Cardiac CT Experience Verification designation. Furthermore, I agree to hold harmless (individually and collectively) the North American Society of Cardiovascular Imaging for any decision or action in pursuance of their responsibilities in connection with this application or resulting Letter of Verification of Cardiac CT Experience.

I understand and agree that in the consideration of my application, any submitted documentation, including statements of attestation, education and training, will be assessed by NASCI. I also understand and agree that the Society may make inquiry of the persons and/or organizations named in my application, and of such other persons as the Society deems appropriate with respect to statements submitted, recognizing that if information is received which could adversely affect my application, I will be so advised and given an opportunity to rebut such allegations. I agree that at no time will I be advised as to the identity of any individuals or organizations who have furnished information as part of the application review process. I understand and agree that all statements and other information furnished to the Society in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf.

Signature of Applicant: _____ **Date:** _____

INSTRUCTIONS TO APPLICANT:

- 1. Complete the application and upload as appropriate. All required signatures must be present for the application to be considered complete. Incomplete applications will not be accepted by NASCI and will not be returned to the applicant.**
- 2. Upload Verification Letter(s) from mentor(s) (sample on website)**
- 3. Upload most recent CV.**
- 4. Fees will be payable upon application and are considered non-refundable. Considerations will be given to those petitioning for refund.**