



MASSACHUSETTS

## APPLICATION 09-01 FOR THE OFFICIAL INTERPRETATION OF NUCLEAR CARDIOLOGY STUDIES

**Please read the Nuclear Cardiology Consensus Criteria and attach the documentation needed to demonstrate your satisfaction of the criteria appropriate to your situation, or your commitment to satisfy those criteria within a year. PLEASE NOTE THAT NOT EVERY BOX MUST BE FILLED IN - SEE ATTACHED CONSENSUS CRITERIA FOR A DESCRIPTION OF THE ALTERNATE PATHWAYS.**

NAME:

MA LICENSE NUMBER:

PHONE NUMBER:

<i>CRITERIA (please refer to consensus criteria summary)</i>	<i>DOCUMENTATION NEEDED by BCBSMA to satisfy this criteria</i>	<i>I HAVE ALREADY MET THIS CRITERIA (please fill in and attach DOCUMENTATION NEEDED)</i>	<i>I WILL MEET THIS CRITERIA (please fill in projected completion date and document your plans)</i>
<b>Board Certification in Cardiovascular Disease</b>	Xerox of Board Certification		
<b>Board Certification in Nuclear Medicine</b>	Xerox of Board Certification		
<b>One year of verifiable training in Nuclear Cardiology beyond Cardiology fellowship</b>	Letter from a supervising physician verifying this training		
<b>Level 2 or 3 training in Nuclear Cardiology (see official 1995 ACC/ASNC Training Guidelines)</b>	Xerox of an NRC materials license listing you as an Authorized User OR Letter from a preceptor verifying your Level II training		
<b>Formal Training in 3-day Nuclear Cardiology course sponsored or accredited by ACC or an academic medical teaching center</b>	Xerox of class certificate OR State exact name, date, and location of class		
<b>20 hours of documented hands-on experience in nuclear cardiology at a teaching hospital beyond Cardiology fellowship</b>	Letter from a supervising physician verifying 20 hours of your participation		
<b>Passed certified examination in Nuclear Cardiology</b>	Xerox of certification/ congratulatory letter from the CCNC		
<b>100 Nuclear Cardiology studies interpreted in a year</b>	Print-out of studies completed in a year OR Letter from you testifying to studies completed annually		
<b>*Ongoing Quality Assurance program, including angiographic correlation</b>	Letter from you or a colleague detailing your quality assurance program		

\* BCBSMA requires demonstration of an ongoing QA program for MD interpreting nuclear cardiac studies. A QA program includes peer review, reporting, correlation with other imaging modalities including angiography with statistical criteria and analysis including interoperator variability and sensitivity and specificity.