



The Fetal Medicine Foundation

Founded by Prof. Kypros Nicolaides in 1995

ANNUAL RE-ACCREDITATION FORM

NOTE: This form is intended for use **ONLY** by those who are **unable** to upload images and/or data directly to the Fetal Medicine Foundation USA website. Information and instructions for sending images electronically can be found at www.fetalmedicineusa.com.

Please **check** (✓) each item that applies and fill in requested information **completely!**

- I have completed the online 11 – 13 weeks scan course via the Fetal Medicine Foundation website.
- I have verified that my contact information on my “own page” is up-to-date and accurate.

Your name: _____ FMF ID #: _____ Center ID#: _____

- MD
- RDMS ARDMS#: _____
- Other: _____

Best contact # **before** 5:00pm: work home cell _____

Please send correspondence to: work home

For annual re-accreditation:

1.) Submit 3 images (including an abnormal image if possible for NB, TF, DV) for **each** accreditation held: (check all that apply)

- NT NB TF DV FMFA Uterine Doppler (PET)

2.) Submit data (data is the list of CRLs and NT measurements you have performed in the past year/audit period) check what applies:

I have performed less than 30 NT scans in the past year, therefore, my re-accreditation will be based on images alone.

I use the First Trimester Screening software and will upload my data directly.

I send my NT measurements to a lab for risk calculation.

Name of lab(s): _____

I give permission to the Fetal Medicine Foundation USA to contact the lab(s) I use in order to retrieve and analyze my data for re-accreditation purposes. I understand that no identifiable patient information will be included in this file in compliance with HIPPA.

Signed: _____

Date: _____

Please send all **re-accreditation** materials to:

Cathy Downing RT, RDMS, RVT

USA Audit

Fetal Medicine Foundation USA

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