

ED Transesophageal Echocardiography Credentialing Form*

Physician Name: _____

TEE specific CME or didactics including web resources completed: (4 hours min.)

1. _____
2. _____
3. _____
4. _____

Proctored Exams: (minimum of 10 (at least 5 on live patients) with probe insertion)

Patient MRN	Date	Proctored By
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TEE Credentialed Physician Signature: _____

Name: _____ Date: _____

*ACEP 2023 Policy Statement (if not residency trained)

- Completed a minimum of 4 hours of structured TEE-specific education, including motor and cognitive skills (e.g., CME or didactics).
- Demonstrated competency in performing a minimum of 10 proctored TEE exams, including transducer insertion, on live patients and simulation models; and
- Completed a standardized assessment by a physician credentialed in TEE.