



PROFESSIONAL ASSOCIATE RECOMMENDATION ACC'S CERTIFIED CARDIOVASCULAR KNOWLEDGE EXAMINATION

For NPs/PAs Practicing in the U.S.

CANDIDATE INFORMATION

Name: _____

RECOMMENDED BY

Name: _____

Title: _____

Institution: _____

Contact Phone: _____ Contact Email: _____

Nature of relationship with candidate: _____

Length of relationship with candidate: _____

- I recommend the person listed above as a candidate for ACC's Certified Cardiovascular Knowledge Exam for NPs/PAs Practicing in the U.S.
- I attest that they have spent a minimum of 2,000 hours in cardiovascular medicine in the last 3 years with a portion of that time spent in direct cardiovascular patient care.
- I would be willing to speak with a representative from the ACC to share additional information in the event of an audit to verify candidate eligibility.

Signature of Professional Associate* Recommending Candidate

Date

If you would like to include any additional comments about the candidate, use the space provided below or add additional pages to this application:

**A Professional Associate is defined as the applicant's clinical supervisor or a colleague (NP, PA, or physician).*