



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: