

**THE REQUIREMENTS IN THIS BOOKLET ARE  
EFFECTIVE FOR ANY MENTEE APPLYING FOR  
THE COLPOSCOPY MENTORSHIP PROGRAM ON  
OR AFTER MARCH 21, 2013**





The society for lower genital  
tract disorders since 1964

Dear Mentorship Program Applicant:

Thank you for your interest in the ASCCP Colposcopy Mentorship Program. This brochure contains the information and registration materials you will need to get started with your Colposcopy Mentorship Program. These same materials are also available online at [www.asccp.org](http://www.asccp.org). The mentorship should follow completion of an ACCME-accredited basic colposcopy course offered by the ASCCP or Indian Health Service (IHS). **All Mentees and Mentors must receive written notification from the ASCCP prior to beginning the mentorship-training period.**

The ASCCP Colposcopy Mentorship Program is a three-tiered educational program, designed to improve the beginning colposcopist's skills in understanding the disease processes of the lower genital tract. The first tier is an ACCME-accredited basic colposcopy course offered by the ASCCP or Indian Health Service (IHS), which provides a foundation of knowledge upon which to build colposcopic skills. The second tier is the actual mentorship training period in which the beginning colposcopist learns to distinguish normal from abnormal findings by performing colposcopic examinations under the guidance of an experienced Mentor. The Mentee learns to deduce cytologic, colposcopic, and histologic correlation and formulate an evidence-based management plan. This tier may be conducted in a private practice or clinic setting. The third tier is a formal examination: the Colposcopy Mentorship Program (CMP) Examination. The Society strongly recommends the minimum acceptable training requirements for a colposcopist include completion of a didactic program, a hands-on mentorship program, and an examination to document understanding of the principles and management of pre-invasive lower genital tract disease.

The materials in this packet include forms required to begin your mentorship and to document your supervised colposcopy experience. The section entitled, "Colposcopy Patient Log Submission Guidelines" details the documentation required to sit for the Colposcopy Mentorship Program (CMP) examination.

Sincerely,

A handwritten signature in black ink, appearing to read "Candice A. Tedeschi".

Candice A. Tedeschi, NP  
Chair, Colposcopy Mentorship Program Committee

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Suite C  
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**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
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## **ASCCP COLPOSCOPY MENTORSHIP PROGRAM**

### **Competencies and Objectives**

Upon completion of the mentorship program, the student should be able to:

- Describe the anatomy, cytology, histology, and colposcopic findings of the normal and abnormal cervix, vagina, and vulva (medical knowledge);
- Elicit and document an appropriate history including risk factors for lower genital tract neoplasia (medical knowledge, practice-based learning);
- Define the pathophysiology of lower genital tract neoplasia, including the role of oncogenic HPV in preinvasive and invasive diseases of the cervix, vagina, and vulva (medical knowledge);
- Apply new standards for cervical cancer screening, including HPV testing (systems-based practice);
- Describe the prevention of cervical neoplasia and genital warts using prophylactic HPV vaccines (medical knowledge);
- Discuss the challenges of colposcopy and management of cervical neoplasia for select patient populations, such as adolescents, women infected with HIV, underserved women, DES daughters, and pregnant women (medical knowledge, practice-based learning, patient outcomes);
- Perform appropriate cytologic sampling, colposcopic evaluation, and biopsies (including endocervical sampling), and become familiar with instrumentation and necessary supplies (practice-based learning);
- Discuss the Bethesda System and Lower Anogenital Squamous Terminology (LAST) Project terminology (medical knowledge);
- Recognize the diagnostic characteristics of cervical abnormalities (low-grade and high-grade cervical lesions as well as adenocarcinoma in-situ and cervical cancer) on cytologic, colposcopic, and histologic exam (practice-based learning);
- Interpret and correlate cytologic, colposcopic, and histologic results (practice-based learning);
- Formulate a plan of care for the management of women with Pap test abnormalities according to the most recent ASCCP Consensus Guidelines, and other evidence-based guidelines (practice-based learning, system-based practice);
- Describe treatment options for dysplasia to include cryosurgery and electrosurgical loop excision procedure (LEEP) of the cervix (practice-based learning);
- Summarize and explain the diagnosis and management of vulvar and vaginal neoplasia (medical knowledge, practice-based learning); and,
- Provide appropriate patient education and support for patients with abnormal cytologic screening, lower genital tract neoplasia and other HPV related lower genital disease (medical knowledge, patient counseling).

## ASCCP COLPOSCOPY MENTORSHIP PROGRAM

### Requirements

- Mentee must provide documentation (e.g., certificate of attendance) of ACCME-accredited didactic training course (minimum 14 hours Category 1 CME credit in a colposcopy curriculum) from the ASCCP or Indian Health Service (IHS). **Ideally, the mentorship should be completed within 12 months, but no more than two years after attending a didactic colposcopy course. If the mentorship is not completed within two years after the didactic colposcopy course, the Mentee must retake a didactic course and reapply for the program. There are no exceptions to this policy. However, previous exams will be counted towards the 25 exams needed to complete the program.**
- The Mentee **must** receive written notification (e.g., letter by mail, fax or email) from the ASCCP that he/she is formally registered in the mentorship program, with the application fee paid and waivers submitted, prior to beginning the mentorship training period. Similarly, the Mentor **must** receive written notification that he/she is approved by ASCCP to serve as a Mentor in the program prior to initiating instruction. **No retroactive exams** (i.e., exams conducted prior to the ASCCP approval) will be included/allowed prior to the ASCCP confirmation date.
- The Mentee will perform and document a minimum of 25 consecutive colposcopic examinations on women with cytology results of ASC/AGC or more severe to achieve a basic level of proficiency as determined by the Mentor. **NOTE:** It is required that the Mentee will:
  - perform coloscopic exams under the direct supervision of the Mentor, to include:
    - identification of the transformation zone;
    - detection of the presence and extent of the most severe lesion(s) of the lower genital tract;
    - selection of the biopsy site(s); and
    - collection of biopsy specimen(s)
    - appropriate documentation of colposcopic findings

**and**

  - continue in the Tier 2 portion of the program (under direct supervision) until the following minimums are reached:
    - identify and biopsy 5 high-grade cervical cases (e.g., HSIL on biopsy (CIN 2,3)) – 1 case of HSIL on vaginal biopsy (VaIN 2,3) or HSIL on vulvar biopsy (high-grade VIN) may be submitted in place of one high-grade cervical biopsy;
    - 12 cervical biopsies; and,
    - 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.
- Mentor will directly observe each colposcopic examination and confirm Mentee's identification of the transformation zone, detection of the presence and extent of the most severe lesion(s) of the lower genital tract, selection of the biopsy site(s), and collection of biopsy specimen(s).
- **Mentee will complete Colposcopy Patient Evaluation Forms on all colposcopic exams and include biopsy results, comments and signatures on provided forms. The Mentor will provide comments and signatures on all forms.** If unable to use the provided ASCCP Colposcopy Mentorship Program forms, a sample form must be submitted to the ASCCP for written approval of use **prior** to initiating training.
- Mentee will record colposcopic exam information on the provided Colposcopy Patient Evaluation Form and Colposcopy Patient Evaluation Summary. Correlation between Patient Evaluation Forms and Summary must be evident.



- Mentee will maintain a folder documenting training to include Colposcopy Patient Evaluation Form, Colposcopy Patient Evaluation Summary, Summary Evaluation Form, legal agreements, and waivers.
- At the completion of the mentorship program, Mentee must submit the original forms of the Colposcopy Patient Evaluation Summary, the Colposcopy Patient Evaluation Forms and the Mentor's Summary Evaluation form to the ASCCP National Office. All forms **must** be completed and signed by the Mentee and the Mentor. Both the Mentee and the Mentor should each maintain one copy of all records.
- After all completed logs and performance evaluation forms are received at the ASCCP National Office; the forms will be reviewed by an ASCCP Colposcopy Mentorship Program Committee member. Completed forms will be reviewed in a timely fashion.
- Following a satisfactory review of documentation, the Mentee will be eligible to take the Colposcopy Mentorship Program Examination. An approval letter and registration form will be sent to the Mentee notifying them of eligibility for the Colposcopy Mentorship Program Examination.
- Upon notification of eligibility for the Colposcopy Mentorship Program Examination, the Mentee will have 1 year from the date of the letter and 3 attempts to pass the exam. If the exam is not passed within the year timeframe the Mentee **must** retake an ASCCP approved didactic course and reapply for the program. There are **no** exceptions to this policy.
- After the successful completion of the basic colposcopy requirements (e.g., basic or comprehensive course, mentorship, and basic exam), the participant will receive a Certificate of Completion of the ASCCP Colposcopy Mentorship Program.
- Eligibility of a Mentee to enter the Colposcopy Mentorship Program will remain with the ASCCP. Once a Mentor has been approved by ASCCP, the decision to continue a specific Mentee-Mentor relationship lies solely with the Mentor.

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Mentor Applicant Checklist**

- ☐ Signed and dated letter outlining colposcopy experience and agreement to serve as Mentor to Mentee, to include
  - Mentee's name and ascertainment of Mentee's license to practice in state where mentorship will be conducted
  - Years of continuous colposcopy practice
  - Average number of colposcopy examinations per month and average number of high-grades seen per month

**AND**

- ☐ Copy of current curriculum vitae

**AND**

- ☐ The prospective Mentor must be an experienced colposcopist with an active colposcopy practice. In addition, the prospective Mentor must provide documentation to support one or more of the following additional qualifications:
  - Documentation regarding completion of the ASCCP Colposcopy Mentorship Program (within the last 5 years), to include the date of the program and a copy of the ASCCP Colposcopy Mentorship Program completion certificate.
- OR**
- Documentation regarding awarding of the Colposcopy Recognition Award (CRA). A photocopy of the certificate should be provided.
- OR**
- A physician who completed his/her colposcopy training in a U.S. ACGME-accredited residency program within the past 5 years must submit a letter from the residency program stating that the prospective Mentor learned and performed colposcopy during the residency.
- OR**
- A physician who did not learn colposcopy in residency or completed his/her residency or training more than 5 years ago, or an advanced practice clinician who completed his/her ACCME-approved didactic and preceptored colposcopy training more than 5 years ago, must provide a photocopy of their certificate(s) and agenda(s) from an ACCME-accredited CME activity in colposcopy taken within the last 5 years. The CME activity (e.g., live activity, internet CME) must have a minimum of 8 hours Category 1 CME credits dedicated to the diagnosis and/or treatment of diseases of the female lower genital tract. A single program or an aggregate of 8 or more hours from multiple courses will meet this requirement. Certificate must state:
  - Name of sponsoring organization;
  - Name of postgraduate course;
  - Number of CME (Category 1) hours earned;
  - Date of program; and
  - ACCME accreditation statement

**AND**

- ☐ Signed Mentor Agreement waiver (page 17 & 18)

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Colposcopy Patient Log Submission Guidelines**

- The Mentee shall perform and document a minimum of 25 consecutive colposcopic examinations on women with cytology results of ASC/AGC or more severe to achieve a basic level of proficiency as determined by the Mentor. It is expected that the Mentee will:
  - perform colposcopic exams under the direct supervision of the Mentor, to include:
    - identification of the transformation zone;
    - detection of the presence and extent of the most severe lesion(s) of the lower genital tract;
    - selection of the biopsy site(s); and,
    - collection of biopsy specimen(s).
    - appropriate documentation of colposcopic findings
- and**
- continue in the Tier 2 portion of the program (under direct supervision) until the following minimums are reached:
  - identify and biopsy 5 high-grade cervical cases (e.g., HSIL on biopsy (CIN 2,3)) – 1 case of HSIL on vaginal biopsy (VaIN 2,3) or HSIL on vulvar biopsy (high-grade VIN) may be submitted in place of one high-grade cervical biopsy;
  - 12 cervical biopsies; and,
  - 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.
- In accordance with HIPPA regulations, no identifying information should be included that could be used to identify the patient. Each patient should be given a sequential identifier (e.g. log #1, log #2, etc.). For confidentiality reasons, do not include the patient's name or Social Security Number but do include the sequential identifying number. If the patient's local facility ID number is used it should be blackened out before sending to the ASCCP.
- The Mentee should discuss each case with the Mentor. The Mentor and Mentee are encouraged to review the ASCCP Consensus Guidelines, additional case study images, CD-ROMs, or other teaching materials to ensure a good learning experience during the mentorship.
- Do not send cytology results or pathology reports directly to ASCCP.
- Please write very clearly. If handwriting is illegible, documents will be returned for clarification.
- At the completion of the mentorship program, Mentee must submit the original forms of the Colposcopy Patient Log Form, the Patient Evaluation Forms and the Mentor's Summary Evaluation form to the ASCCP National Office. All forms **must** be completed and signed by the Mentee and the Mentor. Both the Mentee and the Mentor should each maintain one copy of all records.

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Eligibility Requirements to Sit for the Examination**

After all completed logs and performance evaluation forms are received at the ASCCP National Office, the forms will be reviewed by an ASCCP Colposcopy Mentorship Committee member. Completed forms will be reviewed in a timely fashion.

Following a satisfactory review of documentation, the Mentee will be eligible to take the Colposcopy Mentorship Program Examination. An approval letter and Exam Registration Form will be sent to the Mentee notifying him or her of eligibility for the Colposcopy Mentorship Program Examination.

There is a one-time examination fee of \$135.00 to be paid at time of exam registration. The Exam Registration Form and Exam Fee will need to be paid after eligibility notice and prior to accessing the exam.

Upon notification of eligibility for the Colposcopy Mentorship Program Examination, the Mentee will have 1 year from the date of the letter and 3 attempts to pass the exam. If the exam is not passed within the year timeframe the Mentee **must** retake an ASCCP approved didactic course and reapply for the program. There are **no** exceptions to this policy.

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Registration Form**

Name of Mentee: \_\_\_\_\_  
(First) (Middle) (Last) (Degree or Credentials)

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Mentor's Daytime Phone Number: \_\_\_\_\_

Mentor's Email Address: \_\_\_\_\_

**NOTE: Registration fee of \$135.00 must accompany this registration form.**

Method of Payment:    ☐ Check    ☐ Visa    ☐ Mastercard    ☐ American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicant Checklist**

(Mentee and Mentor paperwork needs to be submitted together to be considered a complete packet.)

|   |  |
|---|--|
| ____ Registration Form                    | ____ Mentor letter   |
| ____ Registration fee of \$135.00         | ____ Mentor CV   |
| ____ Mentee Agreement Waiver (pg 15 & 16) | ____ Mentor Agreement Waiver (pg 17 & 18)                    |
| ____ Mentee didactic course documentation | ____ Mentor's CME <b>or</b> residency training documentation |

I understand that I cannot begin the program until all didactic and mentorship registration documentation is submitted, approved, and I have received written confirmation of my registration in the ASCCP Colposcopy Mentorship Program. No exams performed prior to the ASCCP's written confirmation of acceptance will be counted.

\_\_\_\_\_  
Mentee signature

\_\_\_\_\_  
Date

Please submit this signed registration form with the above listed documentation when registering for the ASCCP Colposcopy Mentorship Training Program. Completed registration form, all other required documents and payment should be sent to:

ASCCP National Office ♦ 1530 Tilco Drive, Suite C ♦ Frederick, MD 21704  
or fax the forms to ASCCP at (240) 575-9880



**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Mentee Agreement Waiver**

**I. Overview**

The American Society for Colposcopy and Cervical Pathology ("ASCCP") is sponsoring and overseeing a Mentorship Program ("Program") in which experienced licensed physicians or advanced practice clinicians (the "Mentor") will instruct and observe in pertinent colposcopy examinations other licensed physicians or advanced practice clinicians (the "Mentee"), who meet certain qualifications set by the ASCCP.

**II. Mentee Qualifications**

A) Training and Experience

Mentee represents and warrants to the ASCCP, and agrees to provide documentation in support of this representation to the ASCCP, that he/she is an experienced licensed physician or advanced practice clinician with documentation of the required qualifications (as stated on page 8).

B) Licensure

Mentee represents, warrants and covenants that he/she holds the proper professional license as a physician or advanced practice clinician in the state in which the Mentor will instruct and observe the Mentee. Mentee also agrees to promptly notify the ASCCP in the event that the Mentee's license is revoked or becomes invalid for any reason.

C) Malpractice Insurance Coverage

Mentee represents, warrants and covenants that he/she has and will maintain malpractice insurance coverage. Mentee also agrees to promptly notify the ASCCP in the event that Mentee ceases to be covered by malpractice insurance or if such coverage lapses for any reason whatsoever.

**III. Mentee Obligations**

- A) Mentee agrees to verify to the Mentor that the Mentee's license is current and valid to practice in the state where the mentorship is to be conducted.
- B) Mentee agrees to complete and submit any contractual forms required by the Mentor's institution to the ASCCP National Office. *MENTEE MUST OBTAIN AN OFFICIAL ASCCP LETTER OF ENROLLMENT IN THE PROGRAM PRIOR TO BEGINNING THE TRAINING.*
- C) Mentee agrees to perform and document a minimum of 25 consecutive colposcopic examinations on women with cytology results of ASC/AGC or more severe to achieve a basic level of proficiency as determined by the Mentor. It is expected that the Mentee will:
- 1) perform colposcopic exams under the direct supervision of the Mentor, to include:
    - i) identification of the transformation zone;
    - ii) detection of the presence and extent of the most severe lesion(s) of the lower genital tract;
    - iii) selection of the biopsy site(s); and,
    - iv) collection of biopsy specimen(s).
    - v) appropriate documentation of colposcopic findings
  - and**
  - 2) continue in the Tier 2 portion of the program (under direct supervision) until the following minimums are reached:

- i) identify and biopsy 5 high-grade cervical cases (e.g., HSIL on biopsy (CIN 2,3)) – 1 case of HSIL on vaginal biopsy (VaIN 2,3) or HSIL on vulvar biopsy (high-grade VIN) may be submitted in place of one high-grade cervical biopsy;
- ii) 12 cervical biopsies; and,
- iii) 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.

D) Mentee agrees to discuss each case with Mentor and review with Mentor the ASCCP Consensus Guidelines, additional case study slides, CD-ROMs, or other teaching materials to ensure a good learning experience during the mentorship.

E) Mentee agrees to complete all forms including: Colposcopy Patient Evaluation Summary, Colposcopy Patient Evaluation Forms, and Summary Evaluation Form according to the instructions provided in the Mentorship Requirements and Patient Log Submission Guidelines forms, and to provide signatures on all forms.

F) Mentee agrees to maintain one copy of all records submitted to the ASCCP National Office.

#### **IV. Benefits to Mentee**

- A) Sense of accomplishment of learning new skills; and
- B) Certificate of Mentorship Program completion upon passing the Colposcopy Mentorship Program examination.

#### **V. Waiver and Indemnification**

In consideration of those Mentee benefits set forth herein, Mentee: 1) Waives all claims for liability against the ASCCP arising from or in connection with Mentee's participation in this program; and 2) Agrees to indemnify, defend and hold harmless the ASCCP or its respective officers, directors, employees, agents, contractors, members or participants (as applicable) for any loss, liability, costs or damages arising from or in connection with the participation of the Mentee in this program.

#### **VI. Entire Agreement**

This Agreement constitutes the entire understanding between the ASCCP and the Mentee, and supersedes all prior proposals both oral and written. This Agreement may only be amended or modified by the written agreement of both parties.

#### **VII. Applicable Law**

Mentee agrees that this Agreement will be governed and construed in accordance with Maryland law, excluding its conflict of law rules. By executing this Agreement, you consent to the exercise of personal jurisdiction over you by, and venue in, the courts of the State of Maryland. Any legal action in connection with this Agreement shall be maintained only in the courts of the State of Maryland. In the event of litigation arising from this Agreement, the Mentee and the ASCCP agree that the prevailing party shall recover its attorney's fees and any costs incurred.

#### **VIII. Signature**

The licensed physician or advanced practice clinician whose signature appears below affirms that he or she has reviewed and understands this entire Mentee Agreement, and agrees to all of its terms and conditions.

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Mentee Signature

\_\_\_\_\_  
Witness Signature



**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Mentor Agreement Waiver**

**I. Overview**

The American Society for Colposcopy and Cervical Pathology (“ASCCP”) is sponsoring and overseeing a Mentorship Program (“Program”) in which experienced licensed physicians or advanced practice clinicians (the “Mentor”) will instruct and observe in pertinent colposcopy examinations other licensed physicians or advanced practice clinicians (the “Mentee”), who meet certain qualifications set by the ASCCP. The mentee may have more than one Mentor during the preceptorship period. Each Mentor must be eligible to be a mentor and submit the required forms and information.

**II. Mentor Qualifications**

A) Training and Experience

Mentor represents and warrants to the ASCCP, and agrees to provide documentation in support of this representation to the ASCCP, that he/she is an experienced licensed physician or advanced practice clinician with documentation of the required qualifications (as stated on page 10).

B) Licensure

Mentor represents, warrants and covenants that he/she holds the proper professional license in the state in which the Mentor will instruct and observe the Mentee. Mentor also agrees to promptly notify the ASCCP in the event that the Mentor’s license is revoked or becomes invalid for any reason.

C) Malpractice Insurance Coverage

Mentor represents, warrants and covenants that he/she has and will maintain malpractice insurance coverage. Mentor also agrees to promptly notify the ASCCP in the event that Mentor ceases to be covered by malpractice insurance or if such coverage lapses for any reason whatsoever.

D) Active Practice

Mentor represents and warrants that Mentor is an experienced licensed physician or advanced practice clinician colposcopist with an active colposcopy practice.

**III. Duties of Mentor**

- A) Mentor agrees to verify that each Mentee is appropriately licensed to practice in the state where the mentorship training will be conducted. The Mentor must submit required paperwork for each Mentee they intend to supervise.
- B) Mentor agrees to complete and submit any forms or other information required by the Mentor’s institution to the ASCCP National Office. MENTOR MUST ALSO OBTAIN AN OFFICIAL ASCCP WRITTEN LETTER OF APPROVAL TO SERVE IN THE PROGRAM PRIOR TO BEGINNING THE TRAINING. No retroactive exams will be counted.
- C) Mentor agrees to directly supervise the Mentee in a minimum of 25 consecutive colposcopic exams on women with cytology results of ASC/AGC or more severe to obtain a basic level of proficiency. Mentor further agrees to oversee the Mentee’s documentation of at least 5 high-grade cervical cases (e.g., HSIL on biopsy (CIN 2,3)) – 1 case of HSIL on vaginal biopsy (VaIN 2,3) or HSIL on vulvar biopsy (high-grade VIN) may be submitted in place of one high-grade cervical biopsy, prior to submitting forms to the ASCCP. Of the 35 cases there should be a minimum of 12 cervical biopsies and 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis. Direct supervision of the

Mentee must include the identification of the transformation zone, detection of the presence and extent of the most severe lesion(s) of the lower genital tract, selection of the biopsy site(s), and collection of biopsy specimen(s).

- D) Mentor agrees to discuss each case with Mentee and review with Mentee the ASCCP Consensus Guidelines, additional case study images, CD-ROMs, or other teaching materials to ensure a good learning experience during the mentorship.
- E) Mentor agrees to provide comments, signatures and dates as indicated on all forms.
- F) Mentor agrees to maintain one copy of all records submitted to the ASCCP National Office.

#### **IV. Benefits to Mentor**

- A) Recommendation to the ASCCP Awards Committee to grant the mentor an “Award of Merit” for mentoring 2 Mentees who successfully complete the ASCCP Colposcopy Mentorship Program.
- B) Free tuition at an ASCCP postgraduate course or biennial meeting for mentoring 3 Mentees who successfully complete the ASCCP Colposcopy Mentorship Program.

#### **V. Waiver and Indemnification**

In consideration of those Mentor benefits set forth herein, the Mentor: 1) Waives all claims for liability against the ASCCP arising from or in connection with Mentor’s participation in this program; and 2) Agrees to indemnify, defend and hold harmless the ASCCP or its respective officers, directors, employees, agents, contractors, members or participants (as applicable) for any loss, liability, costs or damages arising from or in connection with the participation of the Mentor in this program.

#### **VI. Entire Agreement**

This Agreement constitutes the entire understanding between the ASCCP and the Mentor, and supersedes all prior proposals both oral and written. This Agreement may only be amended or modified by the written agreement of both parties.

#### **VII. Applicable Law**

Mentor agrees that this Agreement will be governed and construed in accordance with Maryland law, excluding its conflict of law rules. By executing this Agreement, you consent to the exercise of personal jurisdiction over you by, and venue in, the courts of the State of Maryland. Any legal action in connection with this Agreement shall be maintained only in the courts of the State of Maryland. In the event of litigation arising from this Agreement, the Mentor and the ASCCP agree that the prevailing party shall recover its attorney’s fees and any costs incurred.

#### **VIII. Signature**

The Mentoring licensed physician or advanced practice clinician whose signature appears below affirms that he or she has reviewed and understands this entire Mentor Agreement, and agrees to all of its terms and conditions.

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Witness Signature

## ASCCP COLPOSCOPY MENTORSHIP PROGRAM Colposcopy Patient Evaluation Summary (Mentee to Record Data)

Mentee's Name: \_\_\_\_\_  
Mentor's Name: \_\_\_\_\_  
Mentorship Start Date: \_\_\_\_\_  
Mentorship End Date: \_\_\_\_\_

Total Number of Colposcopies \_\_\_\_\_  
Total Number of Patients with High-Grade Cervical Biopsies \_\_\_\_\_  
Total Number of Patients with Biopsies \_\_\_\_\_  
Total Number of Patients with Other Biopsy Site (vaginal w/ var) \_\_\_\_\_  
Total Number of Patients with ECCs (with curette) \_\_\_\_\_

| Log #<br>(Sequential NOOiberS) | Q <sub>10</sub> of Exam | Age | Pregn Y/N | Reason for Colposcopy | Colposcopy Satisfactory Y/N | Colposcopy/IC Impression | Biopsy Results (CeMx) | Cerv. Results (other genital site) | Endocervical Sampling Results (e.g. brush/ECC) | Management               |
|--------------------------------|-------------------------|-----|-----------|-----------------------|-----------------------------|--------------------------|-----------------------|------------------------------------|--|--------------------------|
| 1 (containing 1, ...)          | 112113                  | 25  | N         | ASCUS+HPV             | Y                           | LSIL                     | LSIL                  | N/A                                | ECC-   | Repeat Pap 6 & 12 months |
|                                |                         |     |           |                       |                             |                          |                       |                                    |  |                          |

Reminder – the following minimums are required:

- 25 consecutive colposcopies;
- 5 high-grade cervical cases (e.g., HSIL on biopsy (CIN 2,3)) – 1 case of HSIL on vaginal biopsy (VaiN2,3) or HSIL on w/ var biopsy (high-grade VIN) may be submitted in place of one high-grade cervical biopsy;
- 12 cases with cervical biopsies; and
- 4 cases with endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.



**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Colposcopy Patient Evaluation Form**

Date \_\_\_\_\_ Pt Age \_\_\_\_\_ Log # \_\_\_\_\_ Reason for Colpo \_\_\_\_\_

G \_\_\_ P \_\_\_ AB \_\_\_ LMP \_\_\_ Pregnant Y / N Current Meds \_\_\_\_\_ Current gyn problems \_\_\_\_\_

Menopause Y/N Abnl Bleeding Y/N Current Contraceptives \_\_\_\_\_

History of STDs \_\_\_\_\_ History of LGT Cancer \_\_\_\_\_

HIV Status: Decline Positive Negative Current Genital Warts Y / N DES Exposure Y / N

Last Pap smear Date \_\_\_\_\_ Results \_\_\_\_\_

Previous abnl Pap Date \_\_\_\_\_ Results \_\_\_\_\_

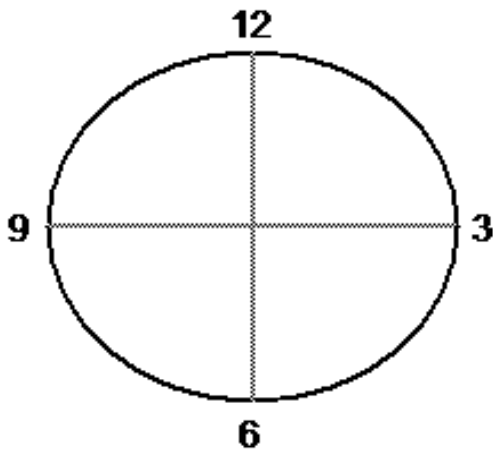
Previous abnl Pap Date \_\_\_\_\_ Results \_\_\_\_\_

Previous colposcopy Date \_\_\_\_\_ Results (e.g., histology) \_\_\_\_\_

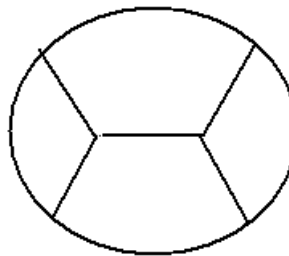
Previous treatment Date \_\_\_\_\_ Type \_\_\_\_\_

**Please describe your colposcopic findings, as detailed as possible: Diagram the vagina and vulva as appropriate. Identify biopsy sites with an X.**

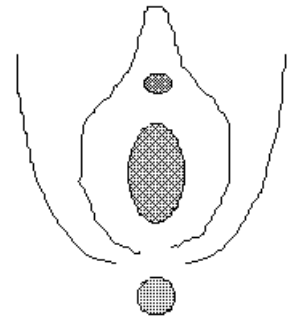
**Cervix**



**Vagina**



**Vulva**



**EXAM:** Satisfactory colposcopy Y / N Endocervical sample technique: Not done Brush Curettage

**COLPOSCOPIC IMPRESSION (select *worst*):**

- ☐ Normal ☐ High-grade (e.g., CIN2,3, VaIN 2,3, high-grade VIN (not VIN 1))  
☐ Low-grade (e.g., CIN1, VaIN 1, Condyloma) ☐ Cancer

Biopsy location(s) \_\_\_\_\_ Biopsy Results \_\_\_\_\_

Plan of Management \_\_\_\_\_

Comments \_\_\_\_\_

(continued)

Mentee’s self-evaluation of encounter and colposcopy procedure:

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Mentor comments/recommendations:

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\_\_\_\_\_  
Mentee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor signature

\_\_\_\_\_  
Date

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM**  
**Summary Evaluation Form**

Mentee's Name: \_\_\_\_\_

Mentorship Start Date: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Mentorship End Date: \_\_\_\_\_

| *Check applicable performance level (select one)   | ADEQUATE | NOT APPLICABLE | NEEDS REMEDIATION |
|--|----------|----------------|-------------------|
| <b>PATIENT HISTORY</b>   |          |                |                   |
| 1. Elicits appropriate health history  |          |                |                   |
| 2. Identifies reason for colposcopy exam   |          |                |                   |
| <b>COLPOSCOPIC SKILLS:</b> Mentee is able to:  |          |                |                   |
| 1. Use clean technique   |          |                |                   |
| 2. Use colposcope for cervical examination   |          |                |                   |
| 3. Use colposcope for vaginal examination  |          |                |                   |
| 4. Use colposcope for vulvar examination   |          |                |                   |
| 5. Identify entire transformation zone, the SCJ, etc.  |          |                |                   |
| 6. Identify most severe cervical lesions   |          |                |                   |
| 7. Identify most severe vaginal lesions  |          |                |                   |
| 8. Identify most severe vulvar lesions   |          |                |                   |
| 9. Perform and collect biopsy(s)   |          |                |                   |
| 10. Perform and collect an endocervical sample   |          |                |                   |
| 11. Achieve hemostasis   |          |                |                   |
| 12. Assess endocervical canal  |          |                |                   |
| <b>CLINICAL IMPRESSION/PATIENT MANAGEMENT</b>  |          |                |                   |
| 1. Determine proper patient management through correlation of cytology, colposcopic exam, and histology and demonstrate understanding of the current ASCCP guidelines. |          |                |                   |
| 2. Appropriately communicate management plan to patient  |          |                |                   |
| 3. Determine when referral is necessary  |          |                |                   |
| <b>DOCUMENTATION</b>   |          |                |                   |
| 1. Document examination thoroughly   |          |                |                   |
| 2. Accurately use appropriate terminology  |          |                |                   |
| <b>INTERACTIONS WITH PATIENT: EDUCATION</b>  |          |                |                   |
| 1. Explain purpose and procedure of exam   |          |                |                   |
| 2. Provide for patient comfort and privacy   |          |                |                   |
| 3. Communicate with sensitivity and at a level appropriate to patient  |          |                |                   |
| 4. Present accurate information in patient teaching  |          |                |                   |
| 5. Maintain professional attitude  |          |                |                   |

(\*) If an area of remediation is checked, please explain under "Areas to improve."

I, as Mentor, did directly observe each exam to include identification of the transformation zone and worst lesion(s), selection of biopsy site(s), and collection of biopsy sample(s).

Mentor Signature: \_\_\_\_\_

(continued)

I believe this Mentee has demonstrated the requisite skills to independently perform colposcopy pending satisfactory completion of the Colposcopy Mentorship Program examination.

Agree                      Disagree

If you disagree with the above statement, please provide the reason. Should the Mentee return for additional mentorship training?

I recommend the Mentee take the Colposcopy Mentorship Program Examination.

Agree                      Disagree

Areas of significant strength:

Areas to improve:

Additional comments:

Mentor Signature: \_\_\_\_\_

Mentee Signature:\_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:        ASCCP National Office  
                      1530 Tilco Drive  
                      Suite C  
                      Frederick, MD 21704