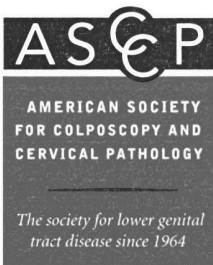


**THE REQUIREMENTS IN THIS BOOKLET
ARE EFFECTIVE FOR ANY MENTEE APPLYING
FOR THE COLPOSCOPY MENTORSHIP PROGRAM
ON OR AFTER OCTOBER 1, 2010**



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. 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 an exit examination entitled, 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 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, which appears to read 'Alan G. Waxman', is positioned below the word 'Sincerely,'.

Alan G. Waxman, MD, MPH
Chair, Assessment Committee

ASCCP NATIONAL OFFICE
152 West Washington Street
Hagerstown, MD 21740
301 733-3640 / 800 787-7227 tel
301 733-5775 fax
www.asccp.org



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ASCCP 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 selected patient populations, such as adolescents, women infected with HIV, underserved women, 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);
- Define the Bethesda System of cervicovaginal 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, the ASCUS/LSIL Triage Study (ALTS), and other evidence-based guidelines (practice-based learning, system-based practice);
- Describe, but not perform, treatment options 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 (medical knowledge, patient counseling).

ASCCP COLPOSCOPY MENTORSHIP PROGRAM Requirements

- 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 35 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:
 - a) 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).

and

 - b) 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., CIN 2,3 on biopsy) – 1 case of VaIN 2,3 or high-grade VIN (but not VIN 1) may be submitted;
 - ii) 12 cervical biopsies; and,
 - iii) 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 mentorship patient evaluation forms on all colposcopic exams and include biopsy results on patient evaluation forms. The Mentor will provide comments and signatures on all forms. If a different colposcopy evaluation form is used, you must submit this form to the ASCCP National Office for approval **prior** to beginning the mentorship training and receive written approval to use the form.
- Mentee will record colposcopic exam information on the Colposcopy Evaluation and Patient Log forms. Correlation between evaluation forms and log must be evident.
- Mentee will maintain a folder documenting training to include Patient Evaluation forms, Summary Evaluation form, Patient Log form, legal agreements, and waivers.
- At the completion of the mentorship program, Mentee must submit the original forms plus one copy 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.
- 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 a

didactic colposcopy course the Mentee **must** retake an ASCCP-approved didactic course and reapply for the program. There are **no** exceptions to this policy. However, previous exams will be counted towards the required 35 exams.

- After all completed logs and performance evaluation forms are received at the ASCCP National Office, an ASCCP representative will review them. Completed forms will be reviewed on a semi-monthly basis. A response will then be returned to the Mentee and Mentor. Following a satisfactory review of the Mentee's 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. 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 mentorship program will remain with the ASCCP. The decision to accept and maintain a specific Mentee-Mentor relationship lies solely with the Mentor.

**ASCCP
MENTORSHIP PROGRAM
Registration Form**

Name: _____
(First) (Middle) (Last) (Degree or Credentials)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: () _____

Daytime Fax Number: () _____

Email Address: _____

Name of Mentor: _____

Mentor's Daytime Phone Number: () _____

Mentor's Email Address: _____

NOTE: Registration fee of \$125.00 must accompany this registration form.

Method of Payment:

Check Visa Mastercard American Express

Credit Card Number: _____ CCV code: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Send completed registration form, all other required documents and payment to:
ASCCP National Office
152 West Washington Street
Hagerstown, MD 21740
or fax the forms to ASCCP at (301) 733-5775

Please note that you may not begin your training period until you have received written confirmation of your registration in the ASCCP Mentorship Program. No exams performed prior to the ASCCP's written confirmation of acceptance will be counted.

Mentee Applicant Checklist

(Please submit Mentor and Mentee paperwork together)

_____ Registration form	_____ Mentor letter
_____ Registration fee of \$125.00	_____ Mentor CV
_____ Mentee agreement form	_____ Mentor's CME or residency training documentation
_____ Mentee didactic course documentation	_____ Mentor agreement form

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 35 exams needed to complete the program.

The Mentor must submit his/her qualifications according to the Mentor Qualifications Form for each intended Mentee:

- ❖ Signed and dated letter outlining colposcopy experience and agreement to serve as Mentor to Mentee, to include:
 - 1) Mentee's name and ascertainment of Mentee's license to practice in state where mentorship will be conducted
 - 2) Years of continuous colposcopy practice
 - 3) Average number of colposcopy examinations per month and average number of high-grades seen per month
- ❖ Current CV
- ❖ Residency training documentation from a U.S. ACGME-accredited program (must have occurred within last 5 years), if applicable

or

Certificate(s) of ACCME-accredited CME activity in colposcopy taken within the last 5 years. The CME activity (e.g., live activity, enduring material, or internet CME) must have a minimum of 8 hours Category 1 CME credits dedicated to the diagnosis and/or treatment of premalignant 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. Documentation must state:

- ❖ Name of sponsoring organization;
- ❖ Name of postgraduate course;
- ❖ Number of CME (Category 1) hours earned;
- ❖ Date of program; and
- ❖ ACCME accreditation statement

or

In lieu of either the residency or postgraduate course requirements, the Mentor candidate may submit either a passing grade on the Colposcopy Recognition Award examination or the Colposcopy Mentorship Program examination, provided the examination was taken within the last 5 years.

- ❖ Signed Mentor Waiver

If not using the ASCCP mentorship colposcopy evaluation form, submit sample form to the ASCCP for written approval of use **prior** to initiating training.

(over)

I understand that I cannot begin the program until all didactic and mentorship registration documentation is submitted and approved.

Mentee signature

Date

Please remit this signed checklist with the above listed documentation when registering for the ASCCP Colposcopy Mentorship Training Program. All materials should be sent to:

ASCCP National Office
152 West Washington Street
Hagerstown, MD 21740
or fax the forms to ASCCP at (301) 733-5775

ASCCP Colposcopy Mentorship Training Program **Mentee Agreement**

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 the following qualifications:

- 1) Successful completion of an ACCME-accredited didactic training course from the ASCCP or Indian Health Service (IHS) (minimum 14 hours Category 1 CME credit in a colposcopy curriculum). Ideally, the mentorship should be completed within 12 months, but no more than two years after attending the didactic colposcopy course. If the mentorship is not completed within two years after the didactic colposcopy course the Mentee **must** retake an approved didactic course and reapply for the program. However, the previous exams will be counted towards the 35 exams needed to complete the program; **and**,
- 2) Be a licensed physician or advanced practice clinician committed to furthering his/her colposcopy training and education.

B) Licensure

Mentee represents, warrants and covenants that Mentee holds the proper professional license 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 the Mentee 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 will lapse 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 35 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).
- 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., CIN 2,3 on biopsy) – 1 case of VaIN 2,3 or high-grade VIN (but not VIN 1) may be submitted;
 - 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 Colposcopy Evaluation Forms, Patient Log Forms, Summary Evaluation Forms 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) Joy of learning; 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

Witness

Qualifications for Petitioning to be a Mentor

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:

- completed the ASCCP Colposcopy Mentorship Program by passing the exam within the last five years
- passed the Colposcopy Recognition Award (CRA) examination within the last five years
- learned colposcopy in a U.S. ACGME-accredited residency program within the past 5 years. Mentor must submit documentation from the program to that effect and that he/she was supervised for at least 25 colposcopic examinations (to include 3 high-grade lesions by biopsy). An example of adequate documentation would be a letter from the residency program director.
- a physician who did not learn colposcopy in residency or completed his/her residency or training over 5 years ago, or an advanced practice clinician who completed his/her ACCME-approved didactic and preceptored colposcopy training over 5 years ago, must provide a photocopy of their certificate(s) from an ACCME-accredited CME activity in colposcopy taken within the last 5 years. The CME activity (e.g., live activity, enduring material, or internet CME) must have a minimum of 8 hours Category 1 CME credits dedicated to the diagnosis and/or treatment of premalignant 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.

Documentation must state:

- ❖ Name of sponsoring organization;
- ❖ Name of postgraduate course;
- ❖ Number of CME (Category 1) hours earned;
- ❖ Date of program; and
- ❖ ACCME accreditation statement

NOTE: The Mentor must submit required paperwork for each Mentee they intend to supervise.

Mentor Applicant Checklist

- 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. The letter should attest whether he/she was supervised for at least 25 colposcopic examinations (to include 3 high-grade lesions by biopsy).

OR

- A physician who did not learn colposcopy in residency or completed his/her residency or training over 5 years ago, or an advanced practice clinician who completed his/her ACCME-approved didactic and preceptored colposcopy training over 5 years ago, must provide a photocopy of their certificate(s) from an ACCME-accredited CME activity in colposcopy taken within the last 5 years. The CME activity (e.g., live activity, enduring material, or internet CME) must have a minimum of 8 hours Category 1 CME credits dedicated to the diagnosis and/or treatment of premalignant 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.

Documentation 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 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

- Signed Mentor waiver

All materials should be submitted to:
ASCCP National Office, 152 West Washington Street, Hagerstown, MD 21740

ASCCP Colposcopy Mentorship Training Program
Mentor Agreement

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. 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 the following qualifications:

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. The letter should attest whether he/she was supervised for at least 25 colposcopic examinations (to include 3 high-grade lesions by biopsy).

OR

a physician who did not learn colposcopy in residency or completed his/her residency or training over 5 years ago, or an advanced practice clinician who completed his/her ACCME-approved didactic and preceptored colposcopy training over 5 years ago, must provide a photocopy of their certificate(s) from an ACCME-accredited CME activity in colposcopy taken within the last 5 years. The CME activity (e.g., live activity, enduring material, or internet CME) must have a minimum of 8 hours Category 1 CME credits dedicated to the diagnosis and/or treatment of premalignant 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.

OR

completed the ASCCP Colposcopy Mentorship Program by passing the examination within the last five years.

OR

passed the Colposcopy Recognition Award (CRA) examination within the last five years.

B) Licensure

Mentor represents, warrants and covenants that Mentor 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 the Mentor 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 will lapse 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 35 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., CIN 2/3 on biopsy) – 1 of which may be VaIN 2/3 or high-grade VIN (but not VIN 1), 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) Joy of teaching; and
- B) Free tuition at an ASCCP postgraduate course or recommendation to the ASCCP Ad-Hoc Awards Committee to grant the ASCCP "Award of Merit" for mentoring 5 Mentees who completed 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

Witness

ASCCP COLPOSCOPY MENTORSHIP PROGRAM
Colposcopy Patient Log Submission Guidelines

- 1) The Mentee shall perform and document a minimum of 35 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 be directly supervised by the Mentor and will:
 - a) 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).

and

 - b) 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., CIN 2,3 on biopsy) – 1 case of VaIN 2,3 or high-grade VIN (but not VIN 1) may be submitted;
 - ii) 12 cervical biopsies; and,
 - iii) 4 endocervical curettages (ECC by curette, not brush) with adequate cellularity for diagnosis.
- 2) In accordance with HIPPA regulations, 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.
- 3) 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.
- 4) After the completion of the mentorship, submit two copies (one of which must be the original copy) of the Mentor's Summary Evaluation form, the Colposcopy Evaluation forms, and the Patient Log form to the ASCCP National Office. Both the Mentee and the Mentor should each maintain one copy of all submitted records.
- 5) Do not send cytology results or pathology reports.

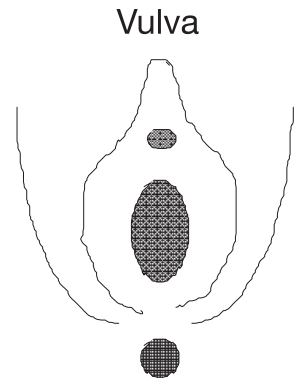
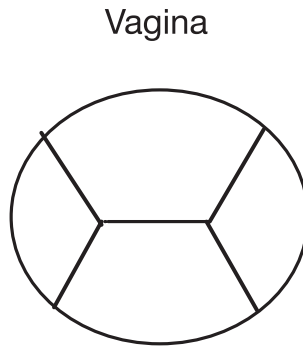
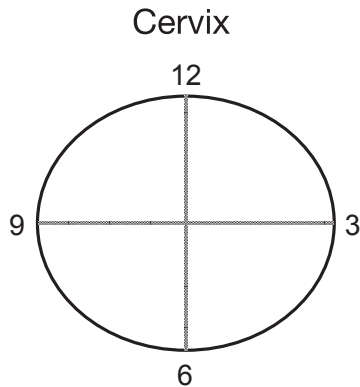
Please write very clearly. If handwriting is illegible, documents will be returned for clarification.

ASCCP COLPOSCOPY EVALUATION FORM

Date _____ Pt Age ____ Pt Log ID# _____ Reason for Colpo _____
 G ____ P ____ AB ____ LNMP ____ 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 diagram cervix to include the t-zone and lesion(s). Diagram vagina and vulva as appropriate. Identify biopsy sites with an **x**.



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

COLPOSCOPIC IMPRESSION (select worst):

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

Biopsy location(s) _____ Biopsy Results _____

Plan of Management _____

Comments:

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

Mentor comments/recommendations:

Mentee Signature _____

Date _____

Mentor Signature _____

Date _____

**ASCCP COLPOSCOPY MENTORSHIP PROGRAM
Summary Evaluation Form**

Mentor's Name: _____
Clinical Site: _____

Mentee's Name: _____
Mentorship Start Date: _____
Mentorship End Date: _____

*Check applicable performance level (select one)	ADEQUATE	NOT APPLICABLE	NEEDS REMEDIATION
PATIENT HISTORY			
1. Elicits appropriate health history			
2. Identifies reason for colposcopy exam			
COLPOSCOPIC SKILLS: 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			
CLINICAL IMPRESSION/PATIENT MANAGEMENT			
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			
DOCUMENTATION			
1. Document examination thoroughly			
2. Accurately use appropriate terminology			
INTERACTIONS WITH PATIENT: EDUCATION			
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: _____

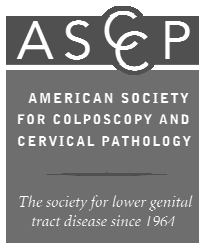
Return to: ASCCP National Office
152 West Washington Street
Hagerstown, MD 21740

Eligibility Requirements to Sit for the ASCCP Colposcopy Mentorship Program Examination

Mentees eligible to sit for the examination include:

Mentees who have completed the first two tiers of the ASCCP Colposcopy Mentorship Program. The following documents must be on file at the ASCCP National office:

- ❖ Documentation of ACCME-accredited didactic training (e.g., certificate of attendance) from the ASCCP or Indian Health Service (IHS) (minimum 14 hours Category 1 CME credit in a colposcopy curriculum)
- ❖ Documentation of having registered for and completed the **ASCCP** Mentorship Program including 35 supervised colposcopic examinations (to include 5 cervical high-grade findings and other specifications outlined in the requirements form). *NOTE: Written notice of formal registration and Mentor/Mentee approval must be received from the ASCCP National Office prior to the start of the mentorship training. No colposcopy exams performed prior to the date of the written notification will be allowed.*
- ❖ Letter from the ASCCP attesting to exam eligibility.



Dear Colposcopy Mentorship Program Participant,

Congratulations on completing the mentorship tier of the ASCCP Colposcopy Mentorship Program. The ASCCP Assessment Committee has approved your colposcopy logs and you may take the Colposcopy Mentorship Examination. You will do better on the exam with some study and preparation. The purpose of this letter is to assist you in preparing for the exam.

The exam consists of three parts. The first is a series of multiple-choice questions that test your knowledge of colposcopy principles and practice. We recommend that you review one of the several available colposcopy textbooks and/or review the syllabus from your comprehensive colposcopy course prior to taking the test. It is strongly advised that you review the *2006 ASCCP Consensus Guidelines for Management of Women with Abnormal Cervical Cancer Screening Tests* and the *2006 ASCCP Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma in situ*, as the exam features questions pertaining to follow-up strategies for abnormal Pap tests. The Consensus Guidelines for cytology and histology are available at the ASCCP web site, www.asccp.org. Note that you will not be required to interpret cytology or histology microscopy images on the examination.

The second and third parts of the exam focus on lesion recognition and case management. These questions are based on recognition of abnormalities of the cervix, vulva, and vagina. For these sections, the test uses two-dimensional images projected on a computer monitor. Some providers who have taken the test in the past have had difficulty interpreting findings from the two-dimensional image format, as they are only accustomed to the three-dimensional view obtained through the colposcope. For this reason, we strongly recommend preparing for these parts of the test by reviewing as many images as possible in colposcopy textbooks, slide sets, or CD-ROMs. The Colposcopy Image Library CD-ROM, as well as the online CME Series, are available at www.asccp.org and are an excellent resource. This part of the exam also evaluates your ability to recognize the colposcopic findings of microinvasive and invasive cervical cancer. It is obviously very important that a colposcopist not miss these diagnoses. In your preparation don't neglect to review the appearance of atypical vessels and the colposcopic findings common to malignancies. Again, you will not be given any image questions requiring interpretation of cytology or histology images.

This is a closed-book examination, so your advanced preparation is key to your success in passing. On behalf of the Assessment Committee, we wish you the best of success in taking the exam and in your practice of colposcopy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan G. Waxman', is written over a horizontal line. The signature is fluid and cursive, with a small circular mark at the end.

Alan G. Waxman, MD, MPH
Chair, Assessment Committee