



## **INSTRUCTIONS FOR COMPLETING THE CLINICAL LIPID SPECIALIST (CLS) APPLICATION FORM**

1. It is very important that your application form be completed carefully and accurately. The information you provide on this form and any accompanying documents required will be used by the ACCL to determine your eligibility to sit for the examination. If accepted, your acknowledgement/confirmation letter will be emailed and your examination results will be sent to the mailing address indicated on the form.
2. Type or print clearly, in ink, all information requested. Sign where applicable.
3. Please remember that you will be required to present copies of certificates, CME/CE documentation, and other supporting materials with this application. Titles of the activities must be clearly identified. If the title of the program is not clearly related to lipids, we encourage you to submit a copy of the program or educational outline to assist with credentialing review. The Credentialing Committee will make the final determination on point assignments.

## **UPCOMING EXAMINATION DATES AND APPLICATION DEADLINES**

**Spring 2020 Testing Window:** March 23 - April 30, 2020 (Application Deadline: March 13, 2020)

**Summer 2020 Testing Window:** June 29 – August 7, 2020 (Application Deadline: June 19, 2020)

**Fall 2020 Testing Window:** October 5 – November 13, 2020 (Application Deadline: September 25, 2020)

### **Mail Applications to:**

Accreditation Council for Clinical Lipidology  
ATTN: Certification Manager  
6816 Southpoint Parkway, Suite 1000  
Jacksonville, FL 32216

### **Questions:**

Phone: 904.309.6250

E-Mail: [nwoodsmall@lipidspecialist.org](mailto:nwoodsmall@lipidspecialist.org)

**Please attach the following documents to your fully completed application:**

**All Candidates:**

- A copy of your professional license with current expiration date (if applicable)
- Curriculum vitae

**Basic Eligibility/Patient Care Requirement:**

Please supply documentation for one of the following:

- Proof that you received a minimum of a Bachelors degree from a college or university accredited by a nationally recognized regional accrediting body and have 3,000 hours (1.5 years) of demonstrated clinical experience in the management of patients with lipid and other related disorders. **Documentation: Copy of diploma of highest degree earned and 1 letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with lipid disorders.**  
**OR**
- Proof that you received a Masters degree or higher from a college or university accredited by a nationally recognized regional accrediting body and have 2,000 hours (1 year) of demonstrated clinical experience in the management of patients with lipid and other related disorders. **Documentation: Copy of diploma of highest degree earned and 1 letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with lipid disorders.**  
**OR**
- Other Healthcare Professionals:** This pathway is for those who don't hold a license, registration or degree as described in basic eligibility requirements and/or education requirements. Must show proof that you have 4,000 hours (2 years) of demonstrated clinical experience in the management of patients with lipid and other related disorders. **Documentation: 2 letters of recommendation from individuals qualified to comment on your work and/or experience in the management of patients with dyslipidemias, copies of certificates and diplomas claimed (as applicable), and a thorough curriculum vitae detailing education, experience and credentials.**

**Training Requirements:**

Please supply documentation to show proof of meeting the 200 point training requirement. Note: Applicants do NOT need to acquire points in all categories listed below.

- Copies of certificates from appropriate primary/recognized Boards or other relevant certifications or certificates (see eligibility requirements on website).
  - **Physicians:** ABIM, ABFM, AOBIM, subspecialty certifications (endocrinology, diabetes, cardiology, nephrology, etc.), other relevant certificates/advanced training (CDE, nutrition, gastroenterology, pediatric cardiology/endocrinology, hypertension, etc.)
  - **Nurse Practitioners/Clinical Nurse Specialists/Nurses:** ANCC, AANP, other relevant certificates/ advanced training.
  - **Pharmacists:** BPS, advanced licensure recognized by state, other relevant certificates/advanced training.
  - **Physician Assistants:** NCCPA, other relevant certificates/advanced training.
  - **Registered Dietitian/Nutritionists (RDN) through the Commission on Dietetic Registration (CDR):** Certificate of Training in Adult Weight Management, other relevant certificates/advanced training (CDE, FADA, etc.).
  - **Registered Clinical Exercise Physiologists (RCEP)/Certified Clinical Exercise Physiologists (CEP) through the American College of Sport Medicine (ACSM):** Relevant certificates/advanced training.
  - **Other healthcare professionals:** Relevant certificates/advanced training.
- Proof of relevant academic practice and/or faculty appointment at a recognized institution (*letter from Department Chair or Division Chief at the recognized academic institution(s) confirming appointment(s) and relevance to lipid management*).
- Documentation of clinical research and/or scholarly publications in the management of lipid disorders (*list and highlight all relevant scholarly, peer-reviewed publications in a WORD document or your CV*).
- Documentation of successful completion of lipid-focused CME/CE obtained within the previous 5 calendar years. *Complete the CME/CE Credit Tracking Form and attach copies of certificates of attendance for the activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments. Any CE/CME activity that is endorsed by the National Lipid Association or a regional chapter will automatically be accepted.*



**CLINICAL LIPID SPECIALIST (CLS) EXAMINATION APPLICATION**

**Instructions:** Please complete and submit pages 3-9 of application.

**How did you hear about the CLS exam?** \_\_\_\_\_

**Basic Requirements for All Candidates:**

1. I reside in the US or Canada  Yes  No
2. I am a:
  - Licensed Physician
  - Licensed Nurse Practitioner/Clinical Nurse Specialist
  - Licensed Registered Nurse
  - Licensed Pharmacist
  - Licensed Physician Assistant
  - Licensed Registered Dietitian/Nutritionist through the CDR (proof of registration required for states that do not require licensure)
  - Registered Clinical Exercise Physiologist through the ACSM
  - Certified Clinical Exercise Physiologist through the ACSM
  - Other Healthcare Professionals: \_\_\_\_\_ Registered/Licensed: \_\_\_\_\_

|          |                   |                    |
|----------|-------------------|--------------------|
| State(s) | License<br>Number | Expiration<br>Date |
| _____    | _____             | _____              |

**Documentation: A copy of your License, Registration or Certification(s) must accompany the application.**

3. I possess one of the following:
  - Bachelors degree in related health science and have 3,000 contact hours (1.5 years) of demonstrated clinical experience in the management of patients with lipid disorders or other related disorders. **Documentation: Copy of diploma of highest degree earned and 1 letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.**  
OR
  - Masters degree or higher in a related health science and have 2,000 contact hours (1 year) of demonstrated clinical experience in the management of patients with lipid disorders or other related disorders. **Documentation: Copy of diploma of highest degree earned and 1 letter of recommendation from an individual qualified to comment on your work and/or experience in the management of patients with dyslipidemias.**  
OR
  - Other Healthcare Professionals: This pathway is for those who don't hold a license, registration or degree as described in basic eligibility requirements and/or education requirements. Must have 4,000 contact hours (2 years) of demonstrated clinical experience in the management of patients with lipid and other related disorders. **Documentation: 2 letters of recommendation from individuals qualified to comment on your work and/or experience in the management of patients with dyslipidemias, copies of certificates and diplomas claimed (as applicable, and a thorough curriculum vitae detailing education, experience and credentials.**

### Training Requirement and Point Assignment:

Please check off each criterion that you have met and documented for the Credentialing Committee to consider for points. The Credentialing Committee will make the final determination on point assignments. **Note: Points do NOT need to be acquired from all categories.**

### Physician Criteria

| Criteria  | Points                        | Check Here if Documentation Provided |
|---|-------------------------------|--------------------------------------|
| 1. <b>Certification in a recognized Board (ABIM, ABFM, AOBIM, etc).</b><br>Documentation: Copy of certificates form Board(s).   | 50                            |                                      |
| 2. <b>Subspecialty certification in endocrinology, diabetes, cardiology, nephrology, etc.</b><br><br><b>OR</b><br><b>Other relevant certificates/advanced training (CDE, nutrition gastroenterology, pediatric cardiology/endocrinology, hypertension, etc.).</b><br>Documentation: Copy of certificates.<br><br><i>Max 100 points from above categories.</i> | 50<br><br>10-50               |                                      |
| 3. <b>Academic practice and/or relevant faculty appointment at ACGME recognized institution.</b><br>Documentation: Letter from Department Chair or Division Chief at the ACGME recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.   | 50                            |                                      |
| 4. <b>Clinical research and/or scholarly publications in the management of patients with lipid disorders.</b><br>Documentation: List and highlight all relevant scholarly, peer-reviewed publications in the WORD document or on your CV.   | 10 per publication (up to 50) |                                      |
| 5. <b>Lipid-focused continuing education obtained within the previous 5 years.</b><br>Documentation: Complete the CME/CE Credit Tracking Form and attach copies of certificates for the activities you submit for points. Titles of activities must be clearly identified.  | 2 per credit hour earned      |                                      |

### Nurse Practitioner/Clinical Nurse Specialist/Nurse/Physician Assistant

| Criteria   | Points                        | Check Here if Documentation Provided |
|--|-------------------------------|--------------------------------------|
| 1. <b>Certification in a recognized Board (ANCC, AANP, NCCPA, etc.)</b><br>Documentation: Copy of certificates form Board(s).  | 50                            |                                      |
| 2. <b>Higher education: Doctoral degree or other relevant certificates/ advanced training.</b><br>Documentation: Copies of certificates.<br><br><i>Max 100 points from above categories.</i>   | 50                            |                                      |
| 3. <b>Academic practice and/or relevant faculty appointment at recognized institution.</b><br>Documentation: Letter from Department Chair or Division Chief recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.     | 50                            |                                      |
| 4. <b>Clinical research and/or scholarly publications in the management of patients with lipid disorders.</b><br>Documentation: List and highlight all relevant scholarly, peer-reviewed publications in the WORD document or on your CV.                                  | 10 per publication (up to 50) |                                      |
| 5. <b>Lipid-focused continuing education obtained within the previous 5 years.</b><br>Documentation: Complete the CME/CE Credit Tracking Form and attach copies of certificates for the activities you submit for points. Titles of activities must be clearly identified. | 2 per credit hour earned      |                                      |

| <b>Pharmacist</b>   |   |                               |   |
|---|---|-------------------------------|---|
| <b>Criteria</b>   |   | <b>Points</b>                 | <b>Check Here if Documentation Provided</b> |
| 1.  | <b>Certification in a recognized Board (BPS, etc.).</b><br><br><b>OR</b><br><br><b>Advanced licensure recognized by the state and/or other relevant certificates/advanced training</b><br>Documentation: Copy of certificates.  | 50<br><br><br>10-50           |   |
| 2.  | <b>Relevant accredited post-graduate training of at least 1 year (if not accounted for in basic requirements) OR higher education (Post Baccalaureate, PharmD).</b><br>Documentation: Copies of certificates.<br><br><i>Max 100 points from above categories.</i>       | 50                            |   |
| 3.  | <b>Academic practice and/or relevant faculty appointment at recognized institution.</b><br>Documentation: Letter from Department Chair or Division Chief recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.     | 50                            |   |
| 4.  | <b>Clinical research and/or scholarly publications in the management of patients with lipid disorders.</b><br>Documentation: List and highlight all relevant scholarly, peer-reviewed publications in the WORD document or on your CV.                                  | 10 per publication (up to 50) |   |
| 5.  | <b>Lipid-focused continuing education obtained within the previous 5 years.</b><br>Documentation: Complete the CME/CE Credit Tracking Form and attach copies of certificates for the activities you submit for points. Titles of activities must be clearly identified. | 2 per credit hour earned      |   |
| <b>Registered Dietitian/Nutritionist/Clinical Exercise Physiologist</b> |   |                               |   |
| <b>Criteria</b>   |   | <b>Points</b>                 | <b>Check Here if Documentation Provided</b> |
| 1.  | <b>Certificate of Training in Adult Weight Management, other relevant certificates/advanced training (CDE, FADA, etc.).</b><br>Documentation: Copies of certificates.   | 50                            |   |
| 2.  | <b>Higher education: Doctoral degree or other relevant certificates/advanced training.</b><br>Documentation: copies of certificates.<br><br><i>Max 100 points from above categories.</i>  | 50                            |   |
| 3.  | <b>Academic practice and/or relevant faculty appointment at recognized institution.</b><br>Documentation: Letter from Department Chair or Division Chief recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.     | 50                            |   |
| 4.  | <b>Clinical research and/or scholarly publications in the management of patients with lipid disorders.</b><br>Documentation: List and highlight all relevant scholarly, peer-reviewed publications in the WORD document or on your CV.                                  | 10 per publication (up to 50) |   |
| 5.  | <b>Lipid-focused continuing education obtained within the previous 5 years.</b><br>Documentation: Complete the CME/CE Credit Tracking Form and attach copies of certificates for the activities you submit for points. Titles of activities must be clearly identified. | 2 per credit hour earned      |   |

| <b>Other Healthcare Professionals</b> |   |                               |   |
|---------------------------------------|---|-------------------------------|---|
| <b>Criteria</b>                       |   | <b>Points</b>                 | <b>Check Here if Documentation Provided</b> |
| 1.                                    | <b>Certification in a recognized Board.</b><br>Documentation: Copies of certificates.   | 50                            |   |
| 2.                                    | <b>Higher education: Doctoral degree or other relevant certificates/advanced training.</b><br>Documentation: Copies of certificates.<br><br><b>Max 100 point from above categories.</b>   | 50                            |   |
| 3.                                    | <b>Academic practice and/or relevant faculty appointment at recognized institution.</b><br>Documentation: Letter from Department Chair or Division Chief recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.     | 50                            |   |
| 4.                                    | <b>Clinical research and/or scholarly publications in the management of patients with lipid disorders.</b><br>Documentation: List and highlight all relevant scholarly, peer-reviewed publications in the WORD document or on your CV.                                  | 10 per publication (up to 50) |   |
| 5.                                    | <b>Lipid-focused continuing education obtained within the previous 5 years.</b><br>Documentation: Complete the CME/CE Credit Tracking Form and attach copies of certificates for the activities you submit for points. Titles of activities must be clearly identified. | 2 per credit hour earned      |   |

**Please select your preferred exam date:**

- Spring 2020** Testing Window: March 23 - April 30, 2020 (App Deadline: March 13, 2020)
- Summer 2020** Testing Window: June 29 - August 7, 2020 (App Deadline: June 19, 2020)
- Fall 2020** Testing Window: October 5 - November 13, 2020 (App Deadline: September 25, 2020)

|  |    |           |         |
|--|----|-----------|---------|
| First Name   | MI | Last Name | Degrees |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female |    |           |         |

|                             |  |
|-----------------------------|--|
| Date of Birth<br>MM/DD/YYYY | Name as it is to appear on certificate granted |
|-----------------------------|--|

Organization \_\_\_\_\_

Office Address \_\_\_\_\_

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|              |            |
|--------------|------------|
| Office Phone | Office Fax |
|--------------|------------|

E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|            |            |
|------------|------------|
| Home Phone | Cell Phone |
|------------|------------|

**SEND MAIL TO:**  OFFICE  HOME **YEARS IN CLINICAL PRACTICE:** \_\_\_\_\_

**TYPE OF PRACTICE:**  Hospital  Private Practice  Group Practice  Lipid Clinic  Education Facility

Other (Specify) \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING AS APPLICABLE:**

**Doctoral Education**

| Institution | Location | From | To | Degree |
|-------------|----------|------|----|--------|
|             |          |      |    |        |
|             |          |      |    |        |

**Undergraduate/Graduate/Postgraduate Education and Training**

| Institution | Location | From | To | Degree |
|-------------|----------|------|----|--------|
|             |          |      |    |        |
|             |          |      |    |        |

**Present Academic Appointment(s)**

| Title/Institution | Location |
|-------------------|----------|
|                   |          |
|                   |          |



**PAYMENT INFORMATION**

**Credentialing Fee: \$120 + Examination Fee: \$379 = Total Fee: \$499\***

The \$120 non-refundable credentialing fee is incurred upon receipt of the application by the ACCL, regardless of eligibility outcome. The examination fee will be refunded less a \$25 processing fee, if the applicant does not meet the eligibility requirements, does not submit a complete application in a timely fashion, or cancels (in writing) application for the examination at least 2 weeks prior to the scheduled exam.

**Payment must be made in full at the time of submission of application package.**

**Check:**

Check/Money order (US funds) Check # \_\_\_\_\_

I authorize the Accreditation Council for Clinical Lipidology to charge my credentialing and examination fees to my credit card listed below.

**Credit Card:**

Visa  MasterCard  American Express  Other \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Expiration Date (month/year)** \_\_\_\_\_ **Card CVV Code** \_\_\_\_\_

**Name (as it appears on Card)** \_\_\_\_\_  
**Signature** \_\_\_\_\_

**VERIFICATION OF INFORMATION**

*I hereby certify that the information furnished is true and correct and that the ACCL is authorized to investigate and verify any representation made on this application. I agree to have my name and contact information posted on the ACCL website, if I am successful in passing the examination.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS**

If you have a disability covered by the Americans with Disabilities Act, please complete this section of the application so that your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. **I request special accommodations for the following disabilities(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND COMPLETE APPLICATION PACKAGES POSTMARKED BY APPLICATION DEADLINE TO:**

**Accreditation Council for Clinical Lipidology**

**ATTN: Certification Manager**

**6816 Southpoint Parkway, Suite 1000**

**Jacksonville, FL 32216**

**Phone: 904-309-6250**



