

INTERNATIONAL BOARD OF
**HEART RHYTHM
EXAMINERS**

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ANNUAL REPORT
2010





2010 FISCAL YEAR-END ANNUAL REPORT

(October 2009 – September 2010)

The International Board of Heart Rhythm Examiners® (IBHRE) is recognized globally as the highest benchmark of professional competency in cardiac pacing, defibrillation and electrophysiology. Established in 1985 as NASPExAM, IBHRE was the first testing organization founded to raise the level of professionalism and academic credibility in cardiac pacing and electrophysiology. IBHRE offers three unique certifications for physicians and allied professionals to demonstrate a mastery of knowledge in heart rhythm management. Based in Washington, DC, IBHRE is an independent credentialing organization under the auspices of the Heart Rhythm Society (HRS). Participation in the exam is consistent with the Heart Rhythm Society's overall purpose to improve the care of patients by promoting research, education and optimal health care policies and standards. More than 9,000 individuals around the world have successfully earned IBHRE certification by demonstrating their specific competence in cardiac rhythm device therapy and cardiac electrophysiology.



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MESSAGE FROM THE PRESIDENT

Charles J. Love, MD, FACC, FHRS, FAHA, CCDS



The success of any organization is based on the support and active participation of its stakeholders. We at IBHRE especially want to thank the IBHRE leadership and committee members, the Heart Rhythm Society Board of Trustees, industry and clinical supporters, employers and our certified professionals. With your support and the acceptance IBHRE has gained over the past 25 years, we are strategically positioned and stronger than ever to meet the challenges we will undoubtedly face in the years to come.

We have committed to staying focused on what's ahead, while continuing to make strategic decisions that will make our transition into the global market more productive. In 2010, IBHRE took a significant step toward developing an electrophysiology (EP) certification examination for physicians. This new exam, with an adult and pediatric module, is intended to fill a gap for Physician EPs outside the U.S., as well as those physicians in the United States and internationally who specialize in Pediatric EP. This initiative will bridge the difference between language and practice to meet the certification needs of healthcare systems throughout the globe.

The demand for IBHRE certification has grown significantly among healthcare professionals seeking professional growth and recognition, as well as employers and Ministries of Health who recognize the value of the IBHRE credential. As the profession evolves, IBHRE will continue to make its mark as the international leader in heart rhythm certification. We appreciate your dedication to IBHRE and its mission.

EXAM ADMINISTRATION REPORT

Through computer-based testing, IBHRE successfully administered four exams in 2010:

- > Japan Cardiac Rhythm Device Therapy for the Allied Professional – January 16
- > Cardiac Electrophysiology for the Allied Professional – April 7
- > Cardiac Rhythm Device Therapy for the Physician – July 21
- > Cardiac Rhythm Device Therapy for the Allied Professional – September 22

The 2010 IBHRE certification exam administrations yielded 958 new certificants across four exam administrations. This year we received a total of 1,532 exam registrants, of which 1,459 candidates took the exam. The overall attrition rate for the four exams was 5 percent with 71 withdrawals and no-shows. The total number of international examinees (including those who took the allied professional exam administered in Japan) was 796, or about 55 percent. The overall pass rate across exam administrations was 66 percent.

This year also marked the third year that the Certification Examination for Competency in Cardiac Rhythm Device Therapy for the Allied Professional was administered in Japan. A total of 310 out of 559 Japanese heart rhythm professionals passed the exam, yielding a 55 percent pass rate.

2010 IBHRE Certification Exam Registration and Performance Statistics

Examination	Date	Applicants	Withdrawals/ No Show	Total Examinees	International Examinees	Pass	Fail	Pass Rate
CCDS-AP Japan	1/16/2010	564	5	559	559	310	249	55.46%
CEPS-AP	4/7/2010	184	10	174	25	143	31	82.18%
CCDS-MD	7/21/2010	125	21	104	46	74	30	71.15%
CCDS-AP	9/22/2010	659	35	622	166	431	191	69.29%
TOTALS		1,532	71	1,459	796	958	501	65.66%

INTERNATIONAL PRESENCE

IBHRE has made great strides towards expanding its international presence as the preeminent leader in heart rhythm certification for healthcare professionals worldwide. This year, 902 candidates sat for the English language IBHRE exams, 242 of whom were international candidates, approximately 27 percent. In addition to the English language exams, a total of 559 candidates took the Japanese Cardiac Rhythm Device Therapy Certification Exam for the Allied Professional in January 2010, bringing the total number of international exam candidates to 796, which represents 55 percent of all candidates.

The growing diversity of IBHRE certificants signifies the global standard of knowledge that IBHRE brings to the profession of heart rhythm management. In 2010 certified recipients represented Australia, Austria, Belgium, Brazil, Canada, China, Colombia, Croatia, Czech Republic, Denmark, Egypt, England, France, Germany, Greece, India, Ireland, Israel, Italy, Japan, Malaysia, Mexico, The Netherlands, New Zealand, Norway, Northern Ireland, Oman, Poland, Portugal, Qatar, Saudi Arabia, Scotland, Serbia, Singapore, Slovakia, South Africa, South Korea, Spain, Sweden, Switzerland, Syria, Taiwan, Thailand, The United Arab Emirates, The United Kingdom, The United States of America and the Virgin Islands.



For the past three years IBHRE, the Japanese Heart Rhythm Society and Medtronic Japan have shared great success in the administration of the tailored-language Japan allied professional exam. In modeling this success, IBHRE continues to develop relationships with international heart rhythm organizations in pursuit of new opportunities for international expansion. In August 2010, IBHRE President, Dr. Charles J. Love, MD, FACC, FAHA, FHRS, CCDS made another visit to China to meet with representatives of Chinese Society of Pacing and Electrophysiology (CSPE) to further negotiate the prospect of developing a China based certification and education program.





PHYSICIAN ELECTROPHYSIOLOGY EXAM

The new Certification Examination for Competency in Cardiac Electrophysiology for the Physician (MD EP) is positioned to bridge the difference between language and practice to meet the certification needs of diverse healthcare systems. The exam features a core electrophysiology component and one of two modules for the physician – adult electrophysiology and pediatric electrophysiology. Physicians who qualify may elect to take either of the two examinations. Successful certificants will receive the credential of Certified Electrophysiology Specialist, Physician (CEPS).

The exam will help to standardize EP knowledge particularly for international physicians (and qualifying U.S. physicians) who are not board eligible for the American Board of Internal Medicine's (ABIM) Clinical Cardiac Electrophysiology (CCEP) examination. ABIM requires the physician to be United States (U.S.) Board Certified in both Internal Medicine and Cardiovascular Medicine. Many physicians in the U.S. have received a portion or all of their training outside of the U.S. and are therefore not eligible to take the U.S. ABIM CCEP Board exam. Physicians in other countries would like to become Board Certified in EP, however they do not meet the U.S. requirements.

Pediatric Cardiologists with special training and expertise in cardiac electrophysiology are also not eligible to take the U.S. ABIM CCEP Board exam, as it requires adult cardiology certification. In this regard, Pediatric electrophysiologists in the U.S. have no route to board certification beyond the Pediatric Cardiology Sub-Board examination of the American Board of Pediatrics. Moreover, there are no third-tier examinations available for any of the subspecialties of pediatric cardiology. The Physician EP exam is designed to provide a route to board certification for pediatric cardiologists who have completed advanced training in pediatric electrophysiology. The pediatric content for the examination was developed by a committee of internationally recognized experts in pediatric electrophysiology.

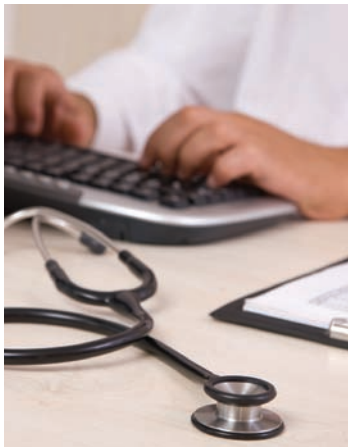


The IBHRE Physician EP exam will meet the specific credentialing needs of EP physicians worldwide who are qualified by their training and experience.

The meticulously selected members of the Physician EP Test Writing Committee bring a distinct and expert knowledge to the development of the new exam. The subject matter experts spent well over a year analyzing core EP tasks, developing an exam blueprint and defining exam eligibility criteria. Specific education and training will be required to sit for the exam. Given the international variations in training and educational requirements, IBHRE will evaluate qualification criteria on a country-by-country basis.

IBHRE contracted with a translation and test delivery vendor to facilitate worldwide delivery of the new exam in English and a local Chinese language. IBHRE continues to streamline partnership efforts with the Chinese Society of Pacing and EP as we work toward offering the Physician EP examination in China. The first administration of the Physician EP examination is tentatively scheduled for late 2011.

PHYSICIAN EXAM MARKETING TASK FORCE



At the recommendation of the IBHRE Board, a task force was established to review and develop strategies for communicating the value of IBHRE Certification, specifically the Physician Certified Cardiac Device Specialist credential, to a diverse population of qualified physicians. The overall goal of the task force is to transform the current perception of the exam as primarily a personal achievement to widespread recognition of the credential as one that promotes medical career advancement.

The results of an annual survey provided valuable information about the degree to which physicians value their IBHRE Certification. According to the survey's findings, the greatest benefits for physicians are in personal satisfaction, colleague recognition and credibility, rather than competitive advantage or employer recognition. Historically, the physician's exam served as a primary measurement of a physician's competency in pacing and defibrillation. Presently, investment in the CCDS credential can be seen more as a personal endeavor for physicians than a professional necessity. The primary exception to this is the interest among general cardiologists who often invest in the CCDS credential to obtain implant privileges from their hospitals. IBHRE will continue to research the impact of the certification and identify strategies that will enhance the value of obtaining the Physician, CCDS credential.

RECERTIFICATION

The Board of Directors officially approved revisions to the newly adopted IBHRE Recertification Policy to clarify the new requirement to submit professional development activities and the 'opt-in' process for previously grandfathered certificants. The revised policy also provides the option for certificants employed by industry to submit industry-sponsored training activities on their professional development activity forms. This particular revision was approved in direct response to feedback from industry representatives who expressed concern about the limited access that industry professionals have to traditional CME/CE programs.

Following the approval of this policy, IBHRE implemented a process to approve industry training programs for submission. Moving forward, we are confident that industry employees will be adequately accommodated to meet the new recertification requirement.

EXAM ELIGIBILITY

The Exam Eligibility Policy articulates and defines the standard eligibility requirements necessary to qualify for a certification exam. Further, the Policy defines the documentation required from a candidate in order to prove eligibility. During the exam application review process for the Allied Professional Pacing exam, a unique situation was brought to the attention of the Review and Appeals Committee for further guidance on the definition of "involvement in the field" as required by the IBHRE Exam Eligibility Policy. After providing necessary guidance, the committee determined that further clarification of the IBHRE eligibility requirements for Allied Professionals may be in order. The newly drafted Eligibility Policy language better defines the exam eligibility requirements. Allied Professionals now have three eligibility pathways to qualify to sit for an IBHRE exam. The pathways include training, certification and experience. Eligibility criteria for the Physician Pacing examination were revised to specify explicit experience in heart rhythm management. Appropriate documentation as evidence of a candidate's eligibility is still required for all examinations



EXAM FEE SCHEDULE

IBHRE introduced a new exam fee schedule that will carry-out over the next three years. Beginning with 2011 administrations, exam fees will increase at a 1 percent fixed rate annually until 2013. In addition to the moderate fee increase, the Board approved a 25 percent discount intended to provide incentives to candidates who retake the exam or take the exam to recertify. Also, a \$200 discount will be offered to EP fellows who take the IBHRE exam within one year of completing their training. IBHRE also introduced a \$100 late fee for candidates whose applications are accepted on a case-by-case basis after the published deadline.



ACCREDITATION

American National Standards Institute

IBHRE received the seal of accreditation from the American National Standards Institute (ANSI) under ANSI/ISO/IEC 17024 (General Requirements for Bodies Operating Certification Systems of Persons) for three of its certification examinations (ANSI accredited Certifier- #0787) after three years of restructuring its governance, operations, policies and procedures. ANSI is the voice of the U.S. standards and conformity assessment system. ANSI empowers its members and constituents to strengthen the U.S. marketplace position in the global economy while helping to assure the safety and health of consumers and the protection of the environment. The ANSI institute oversees the creation, promulgation and uses of thousands of guidelines that directly impact businesses in nearly every sector. ANSI is also actively engaged in accrediting programs that assess conformance standards including globally-recognized cross-sector programs such as the International Standards Organization management systems. Achieving and maintaining accreditation is part of an ongoing commitment to add value to the exam body and signify to our certificants, exam candidates and the medical community that the IBHRE certification programs adhere to the highest standards in credentialing.

Accredited certification examinations include:

- Competency in Cardiac Rhythm Device Therapy for the Physician
- Competency in Cardiac Rhythm Device Therapy for the Allied Professional
- Competency in Cardiac Electrophysiology for the Allied Professional



Institute for Credentialing Excellence/National Commission for Certifying Agencies

IBHRE is now pursuing accreditation with the National Commission for Certifying Agencies (NCCA), under the auspice of the Institute for Credentialing Excellence. The NCCA accreditation helps to ensure the health, welfare and safety of the public through the accreditation of certification programs that assess professional competency.

Other accreditation opportunities are also being investigated for further consideration. Organizations such as International Standards Organization and the American Board of Nursing Specialties are among several accreditation opportunities that lie ahead for the organization.



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INTERNAL MANAGEMENT AUDIT

IBHRE conducted its second annual internal management audit following the end of the 2010 Fiscal Year to ensure ongoing compliance with ANSI accreditation standards. The annual audit is expected to provide a report of factual findings concerning the adequacy and effectiveness of the IBHRE Management System. The audit is intended to provide assurance that organizational practices and procedures are adequate and functioning in a manner that ensures:

- Compliance with organizational policies, accreditation standards, applicable laws and regulations
- Accurate, reliable and timely maintenance of financial, managerial and operating information
- Relationships between management, leadership, contractors and stakeholders are functional and contribute to the vitality of the organization
- Organizational resources are acquired economically, used efficiently and adequately protected
- Commitment to ongoing improvement in quality control
- Swift identification and corrective action to non-conformities

The internal audit process presented opportunities for resolving observed inconsistencies. The findings of the self-assessment were largely positive with minimal observations of non-conformities with IBHRE policies and procedures. Some items for review (e.g. Annual Financial Audit, results information for the AP Pacing exam and Annual Survey) remained pending at the time of the audit due to IBHRE's projected timeline.

Upon completion of the internal management audit IBHRE concluded that adherence to internal policies and procedures related to administering IBHRE certification programs is established, yet still evolving. While some areas for correction and/ or improvement have been observed, the process toward fully employing these program standards is continuous and requires ongoing attention. The internal management audit exercise served as a strong indicator of the significant strides that have been taken to fortify policies, processes and procedures in order to maintain compliance with ANSI accreditation standards.

YEAR-END CERTIFICANT AND EMPLOYER SURVEYS

In late 2009, IBHRE launched its first annual survey for the 2009 year-end pursuant to the Annual Survey Policy adopted that year. According to Policy, IBHRE is responsible for administering an annual survey of IBHRE certificants and employers for purpose of evaluating the quality, efficacy and relevance of its programs and activities. Data collected from the annual survey is evaluated to measure certificant compliance with IBHRE rules and requirements and to identify trends in the professional activities of certificants. The survey was distributed to two primary groups: current IBHRE certificants and identified IBHRE employers. IBHRE received 395 responses from a random sample of certificants. The results of the survey provided general insight into the perceived value of the IBHRE credential in the field, the overall awareness among certificants of IBHRE recertification requirements, and the prevalence of un-ethical behavior among IBHRE certificants. The results provided useful insight that will be instrumental in reaching target groups of current and potential IBHRE certificants.



IBHRE AT 2010 HEART RHYTHM SOCIETY ANNUAL SCIENTIFIC SESSIONS

The Heart Rhythm Society (HRS) is the universally recognized leader for heart rhythm disorders and is leading a coalition of clinicians, scientists, industry and government. Patients with heart rhythm disorders, as well as the healthcare professionals who treat them, recognize and use the Society as the primary source for current information and connection with others. Several events designed to promote further awareness of IBHRE programs were held in conjunction with the Heart Rhythm Society's 30th Annual scientific Sessions in Denver, Colorado.

On Wednesday, May 12, at the Meet the Leaders Luncheon, IBHRE President, Dr. Charles Love gave an overview of IBHRE exam programs and the benefits of pursuing certification. On Thursday, May 13, IBHRE Test Writing Committee Members engaged in a meet-and-greet session geared toward prospective members interested in meeting the leaders of IBHRE and learning more about IBHRE certification. IBHRE held several meetings with international physician leaders to discuss partnership opportunities.

Throughout the scientific sessions, IBHRE promoted its free annual raffle to win a complimentary registration for an IBHRE certification exam. Every year, IBHRE presents two winning heart rhythm professionals with a complimentary registration. With this event, IBHRE can make way for qualified healthcare professionals to obtain the IBHRE recognition.

IBHRE had a booth present at Heart Rhythm Place in the exhibit hall. The booth received a high volume of traffic from both current and prospective certificants. IBHRE featured the new exam brochure, candidate bulletin, new recertification guidelines, the exam calendar, free giveaways and certification recipient paraphernalia.



2010 BOARD AND COMMITTEE CONTRIBUTIONS

IBHRE owes much of its success to the leaders who contribute their time, expertise and leadership support to the credentialing body's activities. IBHRE is fortunate to have active and committed members of the Board of Directors who profoundly believe in the mission of IBHRE. A sincere thank you goes to the Board for all of their efforts.

This year, we welcomed HRS President, **Douglas Packer**, MD, FHRS to our Board of Directors. Dr. Packer serves on the IBHRE Board as the liaison for the Heart Rhythm Society. **Paul Levine**, MD, FHRS, FACC, CCDS joined us as the newest member of the Cardiac Pacing Test Writing Committee. **Jian-Ming Li**, MD, PhD is the latest member of the Physician EP Test Writing Committee. We are grateful to have their passion and commitment contributing to the strategic direction of our organization.

IBHRE Board of Directors

Charles J. Love, MD, FACC, FHRS, FAHA, CCDS
 Christine Chiu-Man, MSC, FHRS, CEPS, CCDS
 Melanie T. Gura, MSN, CNS, FHRS, CCDS
 Marleen E. Irwin, RCRT, FHRS, CCDS
 Chu-Pak Lau, MD, FHRS
 Tohru Ohe, MD, FACC, FJCC, FHRS
 Douglas Packer, MD, FHRS
 Edward V. Platia, MD, FHRS, CCDS
 Neil F. Strathmore, MBBS, FHRS, CCDS



The following term renewals and resignations transpired in 2010:

- The HRS Board of Trustees renewed the term of **Dr. Charles J. Love** as President of IBHRE and **Dr. Edward Platia** as First Vice President/Treasurer of IBHRE. **Christine Chui-Man** was renewed for a third term as Secretary/Clerk of IBHRE. The IBHRE Board term of **Dr. Tohru Ohe**, MD, FACC, FJCC, FHRS was renewed for another three years.

- The IBHRE Board renewed terms for AP EP Test Writing Committee members **Craig Swygman**, CVT, CEPS; **Esther Weiss**, RN, MSN, APN, CEPS, CCDS; **Ralph J. Verdino**, MD, CCDS and **Yoshinori Kobayashi**, MD.
- The IBHRE Board renewed terms for Cardiac Pacing Test Writing Committee members **Jay Erlebacher**, MD, CCDS; **Judith Soberman**, MD, CCDS; **George F. Van Hare**, MD, FHRS, CCDS and **Akihiko Nogami**, MD.
- **A. John Camm**, MD, FHRS resigned from his position on the IBHRE Board of Directors. We are grateful to Dr. Camm for his contributions to our organization and look forward to collaborating with him again in future.

The IBHRE examinations would not exist without the labors of the Test Writing Committees, the Test Translation Committee, the Review and Appeals Committee and the IBHRE Task Forces. IBHRE is immeasurably grateful to the diverse group of subject matter experts who commit countless hours to the development of the exams. The unparalleled knowledge of our experts is crucial to the role IBHRE exams take in defining the profession. We are grateful to all of the Committee Chairs and members who participated in item writing, item translation, item review, standard setting, key validation, pool review, eligibility review and task force meetings over the course of the year.

IBHRE Chairs for the Test Writing and Test Translation Committees

Charles J. Love, MD, FHRS, FACC, FAHA, CCDS

Physician Chair, MD Pacing Test Writing Committee

Marleen Irwin, RCRT, FHRS, CCDS

Allied Professional Chair, Allied Pacing Test Writing Committee

Edward Platia, MD, FHRS, CCDS

Physician Chair, Allied EP Test Writing Committee

Christine Chiu-Man, MSC, CCDS, CEPS, FHRS

Allied Professional Chair, Allied EP Test Writing Committee

Edward Platia, MD, FHRS, CCDS

Chair, Physician EP Test Writing Committee

George Van Hare, MD, FHRS, CCDS

Co-Chair - Pediatric Section, Physician EP Test Writing Committee

Akihiko Nogami, MD

Editorial Team, Japan Test Translation Committee

Yoshinori Kobayashi, MD

Editorial Team, Japan Test Translation Committee

Toshiyuki Ishikawa, MD

Editorial Team, Japan Test Translation Committee

Takashi Kurita, MD

Editorial Team, Japan Test Translation Committee

MD and AP Pacing Test Writing Committee

David G. Benditt, MD, CCDS
 Hugh Calkins, MD, CCDS
 George H. Crossley, III, MD, FHRS, CCDS
 Jay Erlebacher, MD, CCDS
 N. A. Mark Estes, III, MD, FHRS, CCDS
 Jay N. Gross, MD, CCDS
 Melanie T. Gura, MSN, CNS, FHRS, CCDS
 Marleen E. Irwin, RCRT, FHRS, CCDS
 Amy S. Leiserowitz, RN, CCDS
 Paul A. Levine, MD, FHRS, CCDS
 Charles J. Love, MD, FACC, FHRS, FAHA, CCDS
 Janet M. McComb, MD
 Akihiko Nogami, MD
 Edward V. Platia, MD, FHRS, CCDS
 Judith Soberman, MD, CCDS
 Neil F. Strathmore, MBBS, FHRS, CCDS
 George F. Van Hare, MD, FHRS, CCDS
 Bruce L. Wilkoff, MD, FHRS, CCDS
 Raymond Yee, MD, CCDS



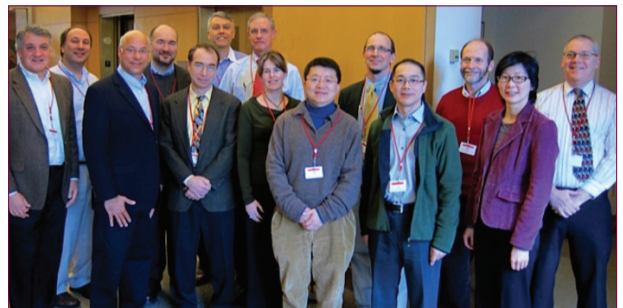
AP EP Test Writing Committee

Susan J. Blancher, ARNP, MSN, CEPS
 Traci L. Buescher, RN, CEPS, CCDS
 Christine Chiu-Man, MSC, FHRS, CCDS, CEPS
 Carol J. Gilbert, RN, BSN, MBA, FHRS, CEPS, CCDS
 Ruth Ann Greenfield, MD, CCDS
 Yoshinori Kobayashi, MD
 Brian Olshansky, MD, FHRS, CCDS
 Edward V. Platia, MD, FHRS, CCDS
 Craig Swygman, CVT, CEPS
 Leonard O. Van Breemen, BSN, CEPS
 Ralph J. Verdino, MD, CCDS
 Paul J. Wang, MD, CCDS
 Esther Weiss, RN, MSN, APN, CEPS, CCDS
 Raymond Yee, MD, CCDS
 Chunja Yoo, BSN, CEPS, CCDS



MD EP Test Writing Committee

Christine Chiu-Man, MSC, FHRS, CEPS, CCDS
 Ruth Ann Greenfield, MD, CCDS
 June Huh, MD
 Ronald J. Kanter, MD, FHRS
 Yoshinori Kobayashi, MD
 Chu-Pak Lau, MD, FHRS, CCDS
 Jian-Ming Li, MD, PhD
 Roger A. Marinchak, MD, CCDS
 David Martin, MD, FRCP, FHRS, CCDS
 Brian Olshansky, MD, FHRS, CCDS
 Edward V. Platia, MD, FHRS, CCDS
 Marc Roelke, MD, CCDS
 Elizabeth Stephenson, MD, CCDS
 John Triedman, MD, FHRS, CCDS
 George F. Van Hare, MD, FHRS, CCDS
 Ralph J. Verdino, MD, CCDS
 Raymond Yee, MD, CCDS



Japan Test Translation Committee

Katsuhiko Imai, MD
Shinobu Imai, MD
Toshiyuki Ishikawa, MD
Toru Karuyama, MD
Yoshinori Kobayashi, MD
Toshiyuki Ishikawa, MD
Tetsuyuki Manaka, MD, PhD
Toru Maruyama, MD
Yasushi Miyauchi, MD
Takashi Noda, MD, PhD
Akihiko Nogami, MD
Masahiko Takagi, MD
Naohiko Takahashi, MD, PhD

Review and Appeals Committee

Traci L. Buescher, RN, CEPS, CCDS
Melanie T. Gura, MSN, CNS, FHRS, CCDS
Marleen E. Irwin, RCRT, FHRS, CCDS
Charles J. Love, MD, FACC, FHRS, FAHA, CCDS
Edward V. Platia, MD, FHRS, CCDS

Physician Exam Marketing Task Force

Christine C. Chiu-Man, MS, FHRS, CEPS, CCDS
Carol J. Gilbert, BSN, MBA, FHRS, CEPS, CCDS
Amy S. Leiserowitz, RN, CCDS
Charles J. Love, MD, FACC, FAHA, CCDS
Janet McComb, MD
Brian Olshansky, MD, FHRS, CCDS
George F. Van Hare, III, MD, FHRS, CCDS
Raymond Yee, MD, CCDS



FISCAL YEAR- END FINANCIAL REPORT

The independent auditor's review of the IBHRE Fiscal Year 2010 financial statements was conducted by Rogers & Company, the accounting firm contracted through the Heart Rhythm Society (HRS). IBHRE received an "unqualified" audit, which means that IBHRE's financial reports and accounting systems are an accurate representation of IBHRE's financial position on September 30, 2010 (fiscal year-end date).



The Society continues to manage all IBHRE finances. As such, all revenues and expenses are run through the Society's accounting system. IBHRE revenues and expenses are reconciled monthly through the creation of financial statements. A portion of the functions necessary to perform IBHRE's mission are contracted through the Society and performed by employees of the Society. These general management costs amounted to \$238,099 in fiscal year 2010.

\$1,083,701 was earned from exam registration fees with an additional \$18,586 from interest and dividends. Program and general management expenses totaled \$1,102,036. By the 2010 fiscal year end, IBHRE investments consisting of money market funds and equity securities totaled \$1,127,448.

Unrealized investment gains totaled \$103,179 for the year. IBHRE transferred \$250,000 of long-term reserve funds to a short term account to maintain access to liquid funds in anticipation of new initiatives.

Overall expenses for Fiscal Year 2010 were associated with program operations, test development and test delivery contract fees. IBHRE finished the fiscal year with net assets of \$823,007.





MESSAGE FROM THE EXECUTIVE DIRECTOR

Sheri Sesay-Tuffour, MPA

With the strategic vision of the IBHRE Board and its Committees, we have come so far in so little time. Five years ago, we were operating under NASPExAM, exams were delivered by paper every other year and the total certificant population was 5342 with 15% representing international certificants. Today we are an international standard of knowledge operating our certification program around the world. 9,313 hold the IBHRE Certification. 2,740 (29%) are located abroad. We are proud of our strategic advancements and we always remain cognizant of our sole purpose – to design, administer and encourage continuing competency in the evolving practice of cardiac pacing and electrophysiology.

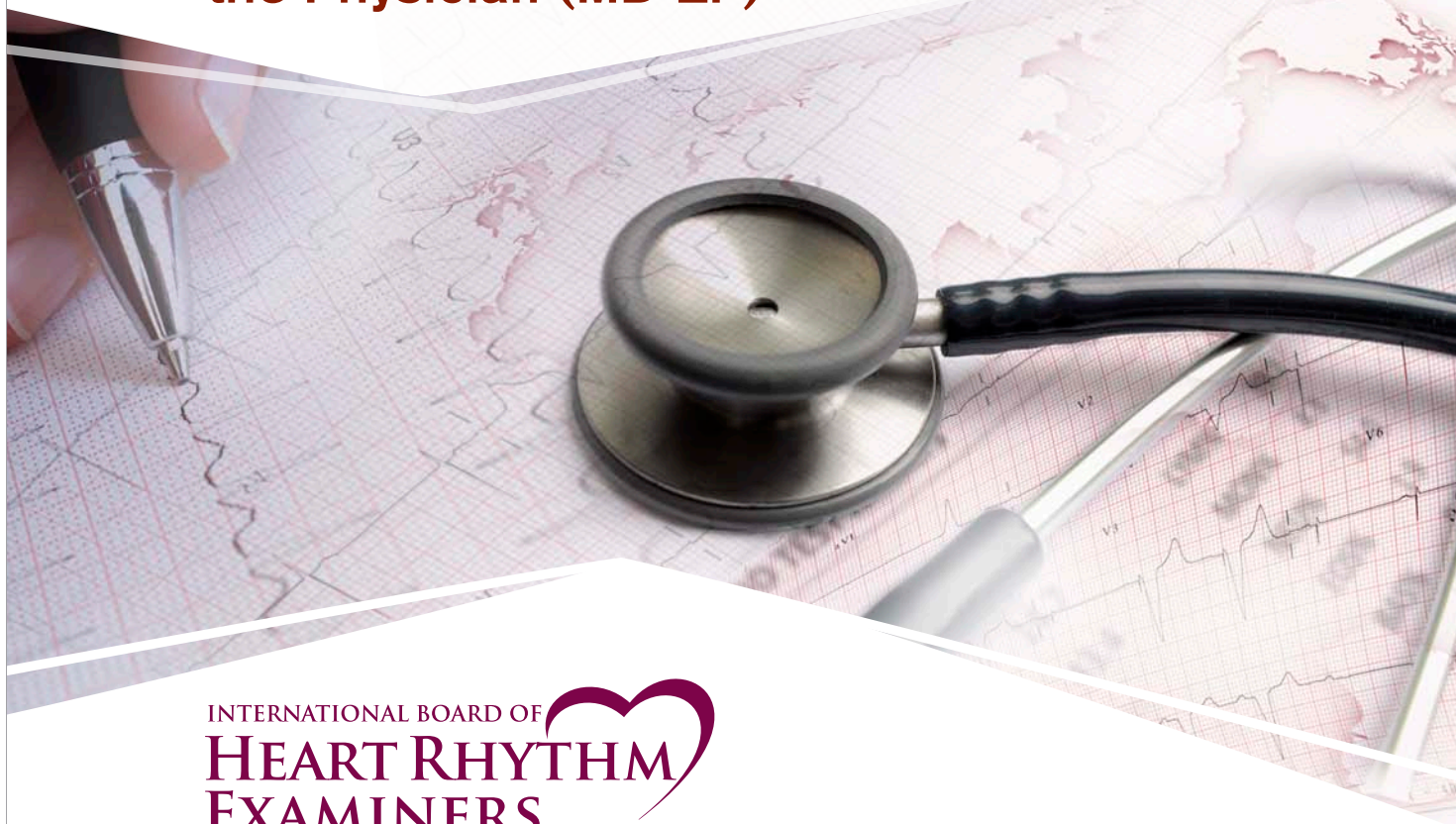
In meeting the needs of so many who share our vision of an international standard of knowledge, we are continually finding new ways to become effective and to improve our service and relationships with our customers. We work diligently to facilitate collaboration between and among diverse constituencies. We remain flexible and responsive to the healthcare requirements of the global marketplace. Most important, we focus on the needs of the physicians and allied professionals that we serve.

IBHRE embraces opportunities that will add value to our program. In 2010, IBHRE took a major stride toward the achievement of accreditation with American National Standards Institute. Achieving this internationally recognized accreditation is part of an ongoing commitment to add value to the exam body and signify to IBHRE certificants, exam candidates and the medical community that the IBHRE certification programs adhere to the highest standards in credentialing.

As we begin a new year, we will stay focused on what lies ahead, but we will not forget how far this treasured organization has come to advance the profession.

INTRODUCING A WORLDWIDE STANDARD FOR EP EXCELLENCE

The Board Certification Examination for Competency in Cardiac Electrophysiology for the Physician (MD EP)



INTERNATIONAL BOARD OF
**HEART RHYTHM
EXAMINERS**

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For more than 25 years, the heart rhythm community has recognized the International Board of Heart Rhythm Examiners (IBHRE) as the highest benchmark of professional competency in its specialty. IBHRE's new MD EP exam features a new level of reliable measure for excellence in **Adult and Pediatric Electrophysiology**.

The MD EP exam will meet the competency needs of healthcare systems throughout the globe by bridging the difference between language and practice; standardizing clinical knowledge in the field; and advancing the profession of heart rhythm management.

If you have the training and the experience, now you can also have the credentials.

IBHRE will offer the exam worldwide in tailored languages via computer-based testing. Physicians who qualify may elect to take either of the two examinations: **Adult Electrophysiology** or **Pediatric Electrophysiology**.

**International, Pediatric and Qualifying US
Physicians, Get Ready for the MD EP Exam!**



2010 IBHRE Year End Report

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