



# Nuchal Translucency Quality Review Program

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Not a member? [REGISTER NOW](#)

- Locate :
  - [Credentialed Clinician](#)
  - [Participating Clinical Center](#)
  - [Participating Lab](#)

Are you a Practice Administrator?

[Create an account](#)

VISIT **SMFM** The Society for Maternal-Fetal Medicine

OUR SUPPORTERS  
 association for medical ultrasound  
**aium**  
AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE

**Click here to begin the registration process.**

NTQR program debuted on February 9, 2005 and since then we have seen a fantastic response. Currently, there are 176 participants that have registered on-line. [Signing up](#) takes only a few minutes.

The MFMF program is now known as the Nuchal Translucency Quality Review Program (NTQR). The new URL is: <http://www.ntqr.org>. Please update your bookmarks/favorites accordingly. The (MFMF) web portal at <http://www.mfmf.org> will remain as a gateway for the NTQR program and other future activities.



Nuchal Translucency Credentialing Postgraduate Course  
February 1st and 4th, 2006  
Fontainebleau Resort - Miami Beach, Florida

Anyone who attended this class may register for our program using a special Promo Code to receive a discount price. Contact [NTQRSupport@ntqr.org](mailto:NTQRSupport@ntqr.org) to receive the Promo Code for this class. [Click here for detailed instructions on how to register.](#) [More >>](#)

## Program Goals

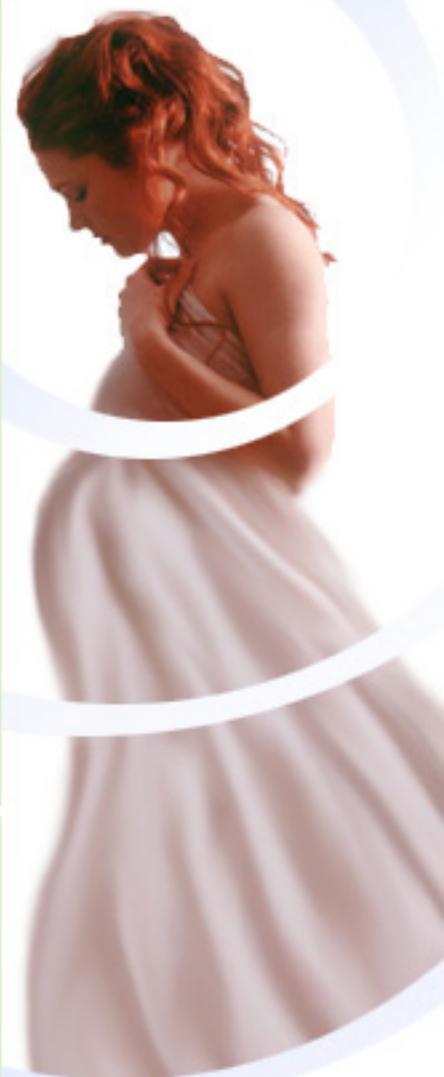
- 1) Educate providers on how to obtain reproducible NT measurements
- 2) Provide a method to evaluate and track provider proficiency
- 3) Provide on-going NT quality review

Developed by our [Oversight Committee](#) and supported by the following [organizations](#).

## Program Information

Find information about our program for [providers](#) and [labs](#).

[Watch our video.](#)



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#### Provider Registration

Please read the following terms and conditions and indicate your agreement before continuing.

#### Legal Notices and Privacy Policy

The Nuchal Translucency Quality Review (NTQR) and its website respect the confidentiality of the identity of individual visitors to the site. There are a few instances where your name may be shared with the public.

#### Security

We employ the latest encryption software to prevent unauthorized use of information stored on our servers.

#### Personal Information

By participating in the NTQR NT Education and Monitoring Program, you will share important personal information with us including your workplace, telephone number, email address, and clinical role. This information will remain strictly confidential. In areas of the site where users must provide personal information for purchasing certain services, only relevant information will be forwarded via Secure Socket Layer (SSL) utilities in order to fulfill these requests.

#### Email Addresses

Email addresses will only be utilized for NTQR related alerts, including payment receipts. We will not share your e-mail address with any third party sources for any reason.

#### Quality Review

QR Reviewers will be able to view your assigned NTQR ID while images are scored. QR reviewers will not be able to link NTQR IDs with provider names, phone numbers or email addresses.

#### Credentialed Providers

Patients seeking care may, in the future, access a list of the names of NTQR Credentialed providers filtered by zip code. If you become NTQR credentialed and remain in good standing, your name and zip code will appear on this list. As data accumulates, your name will appear on NT Quality Monitoring reports that will be made available to your NT supervising physician(s) if they choose to register on the NTQR Website.

#### Laboratories

A list of the names and IDs of NTQR credentialed providers will be made available to the laboratories in which NT data is submitted.

#### Sharing

Though NTQR makes every effort to preserve your privacy, NTQR may need to disclose personal information when required by law wherein NTQR has a good-faith belief that such action is necessary to comply with a current judicial proceeding, a criminal investigation, a court order, or legal process served on this Website. NTQR may also share your personal information if NTQR believes it is necessary in order to investigate, prevent, or take action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, violations of NTQR's or this Website's terms of use, or as otherwise required by law.

#### Mergers; Business Transitions

In the event NTQR goes through a business transition, such as a merger, being acquired by another entity, or selling a portion of its assets, users' personal information will, in most instances, be part of the assets transferred.

#### Choice/Opt-out

We desire to keep you in control of the personal information you provide to us. Accordingly, you can review, correct, or change the personal registration information you provide to NTQR by logging into the website.

#### Notification of Changes

If we decide to change this privacy policy, we will post the changes in places we deem appropriate so our users are always aware of what information we collect, how we use it, and under what circumstances, if any, we disclose it. If, however, we are going to use individually identifiable information in a manner different from that stated at the time of collection you will be notified.

#### Disclaimer

You agree that your access to, and use of, this site is subject to these terms and all applicable laws, and is at your own risk. This site and its contents are provided to you on "as is" basis, the site may contain errors, faults and inaccuracies and may not be complete and current.

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#### Medical Disclaimer

NEITHER THE AUTHORS NOR NTQR AND ITS SUPPLIERS NOR ANY OTHER PARTY WHO HAS BEEN INVOLVED IN THE PREPARATION OR PUBLICATION OF THIS WORK WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS IN EVERY RESPECT ACCURATE OR RESULTS OBTAINED FROM THE INFORMATION CONTAINED HEREIN ARE NOT GUARANTEED OR FOR ANY ERRORS OR OMISSIONS OR FOR THE INFORMATION CONTAINED HEREIN.

If you have any questions

**After reading the terms and conditions, enter "AGREE" to continue.**

Your knowledge and consent are required for us to collect, use, or disclose your personal information.

I have read and agree to be bound by the Legal Notices and Privacy Policy.

Type the word **AGREE** in the box if you accept all terms and conditions.

email: [NTQRSupport@ntqr.org](mailto:NTQRSupport@ntqr.org)

we may collect, use, or disclose your personal information.

Continue

Cancel



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Enter your profile information at this time. You must fill in all the required fields to proceed. Click "Continue" when you are finished.

#### Profile Information

User ID: [jane.doe@domain.com](#)

\* Indicates Required Fields

\* First Name:

\* Last Name:

Middle Initial:

Suffix:

\* E-mail:

\* Confirm E-mail:

Note: Changing your email address will NOT change your user ID, but will update your contact information.

\* Highest Primary Degree:

Associate's Degree  PhD  None  
 Bachelor's Degree  MD  Other  
 Master's Degree  DO

\* Primary Clinical Role:

Fellow In Training  
 Geneticist  
 Maternal Fetal Medicine Specialist  
 Ob/Gyn  
 Radiologist  
 Sonographer (Ultra-sound Technologist)

If so, are you RDMS Certified?

Other

Enter telephone #'s in 555-555-5555 format. For international numbers, enter 999-999-9999 below and enter your international phone number(s) in the notes/comments section.

\* Work Phone:

Ext:

Notes/Comments:

Cellular Phone:

Fax:

\* Best Way to Reach:

May we publish your work phone for patients seeking credentialed providers?

May we publish your e-mail address for patients seeking credentialed providers?

Click "Continue" when you have completed this section.

[Continue](#)

[Cancel](#)



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### Select Your Practice Location(s)

1. Choose the state and then city of your practice location
2. Choose your practice from the list  
(if your city or practice does not appear in the list, click the link below to add a new location)
3. Complete the form and click [Save Location]
4. On the next page, click [Add Another Location] if you perform scans at more than one location

\* Indicates Required Fields

Select a practice location from a pre-populated list and click "Save Location" or...

**Please indicate all practice locations where you perform nuchal translucency scans:**

You must select at least one practice location in order to continue.

**\* State:** Massachusetts**\* City:** MALDEN**\* Practice Location:**

DM-STAT - 1 Salem St.  
MALDEN HLTHCARE ASSOC - 578 MAIN ST  
Malden Hospital - n/a  
MALDEN MED CTR - 100 HOSPITAL RD

If you do not see your location listed above, [click here to add a new location.](#)

### Specify Practice Information

**\* Clinical Department:** Radiology[Click here to add a new location.](#)**Medical Director of Unit / Supervisor:****\* First:** Jane**\* E-mail:**

Jane.Doe@domain.com

For doctors in private practice, please list yourself as medical director of unit / supervisor.

**Check if this is your Primary Practice Location:** [Go Back](#)[Click "Save Location" when you have completed this section.](#)[Save Location](#)



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### Practice Location List

Use the grid below to edit or delete practice location information:

\* Denotes primary practice location

Edit	Delete	Practice Location	Address	City	State	Add other practice location(s) you have affiliations with or...	Supervisor
		*DM-STAT	1 Salem St., Suite 300	Malden	MA	Radiology	Jane Doe

Go Back

Click "Continue" when you have finished adding locations.

Add Another Location

Continue

Cancel

Click "Continue" to proceed to the next screen.

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### Track Selection

User ID:

Select the appropriate track based on your qualifications and click "Continue".

Provider  
Select the  
credentials  
next page.

our previous NT experience. The task(s) that must be completed for  
if you have a promotional code, you will be given the opportunity to use it on the

<b>Please select one of the following tracks:</b>		<b>Cost Breakdown</b>	<b>Cost</b>
<input checked="" type="radio"/> <b>Standard: Course, Exam and Image Submission</b>	This option is geared toward providers who have had little or no prior NT training. This track provides access to course materials and requires that providers pass an online exam and submit at least 10 images for Quality Review.	Registration \$100 Course \$75 Exam \$50 Image Submission \$50	\$275
<input type="radio"/> <b>Previously Trained: Exam and Image Submission Only</b>	This option is geared toward providers who have prior NT training (e.g., took an equivalent course) but have not participated in an ongoing quality review program. Verification of previous NT training is required. Providers must pass the online exam and submit at least 10 images for Quality Review. Course materials will only be available after the exam has been passed.	Registration \$100 Exam \$50 Image Submission \$50	
<input type="radio"/> <b>Currently Credentialed: Exam Only</b>	This option is offered to providers who are previously credentialed by FMF, BUN, FASTER, or Lenetix. The majority of providers currently credentialed are on file at NTQR. In the event that a provider is credentialed and not on file, verification of credentials will be required. Providers in this track will be required to pass the online exam.	Registration \$100 Exam \$50	

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Click "Continue" when you have selected a track.

Continue

Cancel



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### Track Selection Confirmation

Please indicate if you intend to mail a check for payment. These will change your total payment due.

2. [IF APPLICABLE]  
Enter the Promo Code here. If the  
Promo Code is not known, please  
send an e-mail to  
[ntqrsupport@ntqr.org](mailto:ntqrsupport@ntqr.org) to receive the  
special discount.

<u>You have selected this Track:</u>	<u>Cost</u>
<input checked="" type="radio"/> Provider Registration - Standard	\$275.00
<input type="checkbox"/> Check here if you wish to mail a check	\$10.00
<input type="checkbox"/> Check here if you plan to mail images for review	\$10.00

**What is your Promotional Code?**

Enter Promotional Code 1:

2:

Total: \$275.00

**Update Price**

**Proceed to Checkout**

1. Check these boxes if you wish to mail in your images and pay by check. The following page will ask for credit card information or inform you where to send the check in.

when you have completed this

3. [IF APPLICABLE]  
Click "Update Price" to see the discount price.



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## Payment Information

**\*** Indicates Required Fields

### Checkout Summary

Qty	Description	Amount
1	Provider Registration - Standard	\$275.00
Total:		<b>\$275.00</b>

**\*** Credit Card Type: **\*** Card Number: **\*** Expiration Date:  **\*** Card Holder Name: **\*** Address 1: Address 2: **\*** City: **\*** State:  **\*** Zip Code: [Go Back](#)

Your credit card will be charged once you click "Confirm Your Order". Please click only once and wait for the transaction to complete. Clicking more than once may result in your credit card being charged more than once.

[Confirm Your Order](#)[Cancel](#)



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## Confirmation

Thank you for registering with NTQR! Your order has been successfully charged in the amount of \$275.00 to your Credit Card, XXXXXXXXXXXX5100. Please note it may take up to 2 hours before the charge appears on your credit card billing information. You will receive email confirmation shortly.



Print this page for your records

Congratulations! You have successfully completed the registration process.

Qty	Description	Amount
1	Provider Registration - Standard	\$275.00
Total:		<b>\$275.00</b>

Your order will be charged to: Mastercard XXXXXXXXXXXX5100

Billing Address: Jane Doe  
881 Main Street  
Malden, MA 02148



Login

Click "Login" to login to your account, and proceed to your Summary page.

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## Payment Information

### Checkout Summary

Qty	Description	Amount
1	Provider Registration - Standard	\$275.00
1	Provider Pay By Check	\$10.00
<b>Total:</b>		<b>\$285.00</b>

### Send a Check in the Mail

Your check should be made payable to: Nuchal Translucency Quality Review

**Mailing Address:**

Attn: Nuchal Translucency Quality Review  
Society for Maternal-Fetal Medicine  
409 12<sup>th</sup> Street, SW  
Washington, DC 20024

The user would see the following two screens if the user selected to pay by check instead of paying by credit card.

**Note:** Check must be received in our office by Thursday, May 04, 2006 (3 weeks) or the account will be deactivated.

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Your account will be charged once you click "Confirm Your Order".

Please click only once and wait for the transaction to complete.

Clicking more than once may result in your being charged more than once.

Confirm Your Order

Cancel

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## Confirmation

Thank you for registering with NTQR! Your order has been successfully charged in the amount of \$285.00. You will receive email confirmation shortly.



Print this page for your records

Congratulations! You have successfully completed the registration process.

Qty	Description	Amount
1	Provider Registration - Standard	\$275.00
1	Provider Pay By Check	\$10.00
Total:		<b>\$285.00</b>

Login

Click "Login" to login to your account, and proceed to your Summary page.

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