Focused Cardiac Ultrasound Local Mentor Attestation

Mentor details

<table>
<thead>
<tr>
<th>Mentor First Name</th>
<th>Mentor Last Name</th>
<th>Mentor Degree(s)</th>
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</thead>
<tbody>
<tr>
<td>John</td>
<td>Smith</td>
<td>MD</td>
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</tbody>
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If your name or degree(s) are spelled incorrectly, please enter correct spelling here:

Mentor First Name

Mentor Last Name

Mentor Degree(s)

Attestation

(Please select)*

I attest that I will complete this form truthfully to the best of my knowledge.

Qualification

I am qualified to supervise others in Focused Cardiac Ultrasound (FoCUS) (also known as cardiac point-of-care ultrasound) because of one of the following (select one):

- I have completed one of the following national certificates in transesophageal heart ultrasound:
  - American Society of Anesthesiologists (ASA) Certificate of Completion in POCUS
  - National Board of Echocardiography (NBE) Diplomate in Critical Care Echocardiography
  - American Society of Regional Anesthesia (ASRA) FATE Certificate
  - American College of Chest Physicians (ACCP/CHEST) Certificate in ICU POCUS
- I have served as faculty at a CME course (local, regional, or national/international) where I taught transthoracic cardiac ultrasound.
- I have personally performed and interpreted at least 150 FoCUS exams under appropriate supervision.
- I am the Director of Cardiac FoCUS in my Department/Division/Practice Area.

Certification

I have completed one of the following national certificates in transthoracic heart ultrasound (select any that apply):

- American Society of Anesthesiologists (ASA) Certificate of Completion in POCUS
- National Board of Echocardiography (NBE) Diplomate in Critical Care Echocardiography
- American Society of Regional Anesthesia (ASRA) FATE Certificate
- American College of Chest Physicians (ACCP/CHEST) Certificate in ICU POCUS

If you have completed a national/international certificate or certification not listed above that you believe should be included in the list above, please enter its name here:

Candidate Log

(Please select)*

- The candidate above has shown me a log of at least 50 focused cardiac ultrasounds that they have personally performed. I have personally reviewed at least 5 of these studies and found them to be of acceptable image quality (i.e., the images are of high enough quality to permit qualitative detection of severe ventricular systolic dysfunction, pericardial effusion, and extreme hypervolemia).

Submit Attestation