



# Lung Ultrasound Local Mentor Attestation

▼ Collapse all

There are required fields in this form marked \*.

▼ Mentor details

Mentor First Name	Mentor Last Name	Mentor Degree(s)
John	Smith	MD

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 lung (aka pleural/pulmonary) ultrasound because of one of the following (select one):

- I have completed one of the following national certificates in lung ultrasound:
  - American Society of Anesthesiologists (ASA) Certificate of Completion in POCUS
  - 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 lung ultrasound.
- I have personally performed and interpreted at least 50 lung ultrasound exams under appropriate supervision.
- I am the Director of Lung POCUS in my Department/Division/Practice Area.

▼ Candidate Logs

(Please select)\*  The candidate above has shown me a log of at least 30 lung ultrasounds that they have personally performed. I have personally reviewed at least 3 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 gross pneumothorax, pleural effusion, interstitial syndromes, and consolidation).