

**COMPLETION OF BASIC ULTRASOUND
MODULE**

Please print all parts of form and retain the official copy in your training portfolio. Your Local Educational Supervisor(s) should retain a copy each. A copy should be forwarded to the Deanery Ultrasound Coordinator. You do not need to forward a copy to the College.

**THIS FORM CONFIRMS THAT THE NAMED
TRAINEE HAS COMPLETED THE FOLLOWING
BASIC ULTRASOUND MODULE SATISFACTORILY**

DEANERY NAME:

TRAINING UNIT:

BASIC ULTRASOUND MODULE (*specify*): _____

TRAINEE DETAILS

SURNAME: _____

FIRST NAMES: _____

RCOG REG NO: _____

NTN (National Trainee Number): ____/____/____/____ or (if in FTSTA/LAT post tick here)

SIGNATURE: _____ **DATE:** _____

**NAME OF LOCAL ULTRASOUND EDUCATIONAL SUPERVISOR RESPONSIBLE FOR TRAINEE –
CONFIRMATION OF SATISFACTORY COMPLETION OF THE MODULE**

1. NAME: _____

POST: _____

SIGNATURE: _____ **DATE:** _____

**NAME OF SECOND LOCAL ULTRASOUND EDUCATIONAL SUPERVISOR or INDEPENDENT ASSESSOR –
CONFIRMATION OF SATISFACTORY COMPLETION OF THE MODULE**

2. NAME: _____

POST: _____

SIGNATURE: _____ **DATE:** _____