



Remote Mentoring Eligibility Check

Personal Details

- Full Name:
- Contact Email:
- Institution/Affiliation :

FUSIC/FAMUS or BSE Registration

- Date of Registration:
- Confirmation of Registration:

Please attach evidence of your current registration with FUSIC/FAMUS/BSE. Acceptable evidence is a confirmation email from ICS, SAM or BSE

- Have you completed the 10 directly supervised scans? Yes/No

Please delete as appropriate

FUSIC, FAMUS BSE Mentor (in House) Details

- Mentor's Name:
- Mentor's Email:

Verification: Please note that we will cross-reference your mentor's details against the relevant database to confirm their accreditation and mentorship status.

Ultrasound Equipment

- Model of Ultrasound Machine:
- Does your US Machine have Image Export Capability? Yes/No

Please delete as appropriate

Additional Information

- **Reason for Seeking Mentorship:**
- **Specialty:**
- **Preference for Remote Mentoring Sessions:** Days/times

Consent and Agreement

- I hereby confirm that the information provided is accurate and complete.
- I consent to my details being verified against relevant databases and for my information to be used for the purposes of future remote supervision

E -Signature:

Date:

Instructions for Submission: Please complete all sections of this pre-check form and attach any necessary documents in a digital format (PDF preferred). Submit the completed form and attachments via email to ghremotementor@gmail.com

This is not a legally binding contract, but will inform your eligibility for remote supervision

Contact Information for Queries: For any questions or further information, please contact us at:

ghremotementor@gmail.com



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