

# CARDIO VASCULAR ULTRASOUND LAB

## TRAINING APPLICATION FORM



### CONTACT DETAILS. ABOUT YOU.

First Name:		Surname:	
Place of work:		Specialty:	
Contact No:		Email:	
Preferred commencement date:			

### EXPERIENCE. IN TTE.

1. How many basic TTE studies have you performed?		
<input type="checkbox"/> 1 - 30	<input type="checkbox"/> 31 - 100	<input type="checkbox"/> 100 +
2. How many advanced TTE reports have you performed?		
<input type="checkbox"/> 1 - 30	<input type="checkbox"/> 31 - 100	<input type="checkbox"/> 100 +
3. What echo courses have you attended? (When, where, with any practical component?)		

### ROOM TO IMPROVE. TICK SPECIFIC AREAS.

1. Window Acquisition: Please indicate by a tick/comment areas you would like to improve				
	2D Measurements	M Mode	Colour Doppler	Spectral Doppler (CW/PW)
LPLAX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apical 4Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apical 2Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apical 3Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcostal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suprasternal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. Notes:

1. The training involves supervision by a qualified echocardiographer.
2. Cost involved AUD \$2,000 (Inclusive of 10% GST) per week.
3. A certificate of attendance will be granted at the end of the training.
4. You should arrange your own travel and accommodation. Please contact us if suggestions needed.
5. Please send this form to [Novea.Riley@health.nsw.gov.au](mailto:Novea.Riley@health.nsw.gov.au)
6. Contact Ms. Louise Smith [Louise.Smith1@health.nsw.gov.au](mailto:Louise.Smith1@health.nsw.gov.au) for further details.