Focused Acute Medicine Ultrasound (FAMUS)

Summary of Training Record

Candidate name:

Professional registration number (e.g. GMC): SAM membership no. (if applicable):

Supervisor name (PRINTED):

Theoretical practice		
	Date	**Signature**
FAMUS e-learning completed		
FAMUS course attended		
Theory syllabus complete		
Thoracic		
First supervised scan		
Logbook completed		
ACT completed	Indicative not <6 months from first scan	
Abdominal/renal		
First supervised scan		
Logbook completed		
ACT completed	Indicative not <4 months from first scan	
DVT/peripheral vascular		
First supervised scan		
Logbook complete		
ACT completed	Indicative not <1 month from first scan	

Date of completion of final sign off:

Signed (candidate):

Signed (supervisor):

Once completed return to FAMUS administrator, Society for Acute Medicine, 9 Queen Street, Edinburgh, EH2 1JQ or scan and e-mail famus@acutemedicine.org.uk