

AMUSE – Training Record Summary (TRS)

Acute Medicine Ultrasound & Echo (AMUSE)

Candidate Details

Candidate name:

Professional registration number (BMDC):

Supervisor name (PRINTED):

AMUSE Heart

Requirement	Date	Signature
Pre AMUSE Course Resources Completed		
AMUSE course attended		
Theory syllabus complete		
First scan		
Logbook completed		
CTA completed		

AMUSE Lungs

Requirement	Date	Signature
Pre AMUSE Course Resources Completed		
AMUSE Course attended		
Theory syllabus complete		
First scan		
Logbook completed		
CTA completed		

AMUSE Abdomen

Requirement	Date	Signature
Pre AMUSE Course Resources Completed		
AMUSE Course Attended		
Theory syllabus complete		
First scan		
Logbook completed		
CTA completed		

AMUSE Vascular – DVT

Requirement	Date	Signature
Pre AMUSE Course Resources Completed		
AMUSE Course Attended		
Theory syllabus complete		
First scan		
Logbook completed		
CTA completed		

AMUSE Vascular – Vascular Access

Requirement	Date	Signature
First scan		
Logbook completed		
CTA completed		

Final Programme Sign-off

Date of completion of final sign-off:

Signed (candidate): _____ Date: _____

Signed (supervisor): _____ Date: _____