



Summary Training Record Lung Ultrasound

*Only this should be submitted to the ICS for accreditation
Mentors and supervisors must be FUSIC lung approved*

	Name	Hospital	GMC no	Job Title
Trainee				
Mentor 1				
Mentor 2				
Mentor 3				
Supervisor				

Training component	Date completed	Mentor signature
E-learning		
Approved course		
Course location:		
Competencies signed off		
Logbook & supervised cases		
Triggered assessment		

Final sign off			
Mentor name		Mentor signature	
Supervisor name		Supervisor signature	
Date of completion			