



EXPORTED COURSE REQUEST AUTHORIZATION FORM

This form must be approved by the NUF Education Chair and the ACS Division of Education for the course to be officially authorized and conducted.
(Please type or print to complete this form and forward to the ACS Education Office at 312-202-5029.)

Shaded areas are for office use only.

Course Site	City: _____	State: _____	Country: _____	
Facility: _____				
**Date of Request: _____/_____/_____ Course Date: _____/_____/_____ <i>Are you receiving Commercial Support</i> Yes No	Ultrasound Course Type Acute – 7 hrs. (Includes FAST) Breast – 8.5 hrs. Head/Neck – 8 hrs. Instructor – 4 hrs. Vascular – 7 hrs.	Participants MDs/DOs # of: _____ Residents # of: _____ Medical Students # of: _____ Doctors-other countries # of: _____		
In this space describe your Needs Assessment for the requested ultrasound course:				
Course Director: _____				
Phone: _____ E-Mail _____				
ACS Id #.: _____ Specialty: _____				
Course Instructors:				
Name: _____ ACS Id #.: _____ Specialty: _____		NUF Faculty	Yes	No
Name: _____ ACS Id #.: _____ Specialty: _____		NUF Faculty	Yes	No
Name: _____ ACS Id #.: _____ Specialty: _____		NUF Faculty	Yes	No
Name: _____ ACS Id #.: _____ Specialty: _____		NUF Faculty	Yes	No
Name: _____ ACS Id #.: _____ Specialty: _____		NUF Faculty	Yes	No
Contact person if different from course director listed:				
Name: _____ Phone: _____		E-Mail _____		
ACS National Ultrasound Faculty Education Chair's Approval				
Course approved				
Signature: _____		Date: _____		
ACS Division of Education Approval				
Course Approved? Yes No		Materials Shipped: _____ Materials Returned _____		

**** Application must be submitted for approval at least six (6) weeks prior to the course.**