



Exported Ultrasound Course Application and Purchase Form

Exported Ultrasound Course applications are subject to approval by the National Ultrasound Faculty (NUF) and the ACS Division of Education. Please submit the completed application **4-6 weeks** in advance of the course date. All Exported Ultrasound Courses must have at least one NUF member as a course director/chair. All exported courses must have at least a 1:5 faculty to student ratio. Incomplete applications will be returned unprocessed.

ORGANIZATION CONTACT INFORMATION

First Name:		Last Name:		Credentials:	
Organization/Program:					
Course Chair(s) (At least one faculty must be NUF):					
Mailing Address:					
City:		State:		Zip:	
Email Address (Contact):					
Email Address (Chair):					
Telephone:			Fax:		
Expected Date of course offering(s):					
Course Location (If different from above):					

COURSE INFORMATION

Ultrasound Course (choose one)	Target Audience	Number of Attendees
<input type="checkbox"/> FAST Ultrasound (4 CME credits- (MDs/DOs ONLY)	<input type="checkbox"/> MDs/DOs	
<input type="checkbox"/> Focused ECHO: Ultrasound Applications in the ICU (8 CME credits-MDs/DOs ONLY)	<input type="checkbox"/> Residents <input type="checkbox"/> Residents Only	
<input type="checkbox"/> Thyroid, Parathyroid, and Neck Ultrasound (8 CME credits-MDs/DOs ONLY)	<input type="checkbox"/> Other Learners (RN, PA, etc.)	



Course Faculty Information

(May copy this form for additional names)

Course faculty selected should have a demonstrated expertise in the therapeutic field, strong presentation and communication skills and ability to address the gaps and learning objectives expressed for the course. For all Exported Ultrasound Courses, a NUF member must be named as Course Director/Chair. It is advisable to select faculty with the most expertise and teaching skills with the fewest conflicts of interest. Course faculty are encouraged to apply for NUF membership. May be copied to list additional course faculty.

FACULTY INFORMATION	
Name:	
Title and Affiliation:	
ACS membership #:	NUF member: Yes No
Role: Chair Planner Speaker Other:	
Email:	Phone:
Name:	
Title and Affiliation:	
ACS membership #:	NUF member: Yes <input type="checkbox"/> No <input type="checkbox"/>
Role: <input type="checkbox"/> Chair <input type="checkbox"/> Planner <input type="checkbox"/> Speaker <input type="checkbox"/> Other:	
Email:	Phone:
Name:	
Title and Affiliation:	
ACS membership #:	NUF member: Yes <input type="checkbox"/> No <input type="checkbox"/>
Role: <input type="checkbox"/> Chair <input type="checkbox"/> Planner Speaker Other:	
Email:	Phone:
Name:	
Title and Affiliation:	
ACS membership #:	NUF member: Yes No
Role: <input type="checkbox"/> Chair Planner Speaker Other:	
Email:	Phone:

CME Planning Activities Documentation

Upon approval of this CME application, additional supporting documentation will be required prior to the activity to ensure compliance with ACCME, AMA, and ACS regulations.

Commercial Support (ACCME C7-10)

The ACCME defines commercial support as “financial or in-kind contributions given by a commercial interest, which are used to pay all or part of the costs of a CME activity.” This does not include funds from governmental agencies, non-profit organizations, or supporters who do not produce healthcare-related products or services. However, this does include in-kind support such as medical equipment. Exhibit fees are not considered commercial support. Exhibits are classified as marketing revenue and do not require an LOA.

Educational grants and/or in-kind support from commercial supporters must have a signed Letter of Agreement on file ***at least 5 business days prior to the start of the activity.*** All parties: including the receiving organization, the commercial supporter and ACS must sign. The company must be acknowledged for their educational grant support on the program materials.

I have read and understand the Commercial Support information above.

Receiving Commercial Support?

YES

NO

UNSURE Please explain _____

Disclosures (ACCME C7-10)

For CME activities, the ACCME considers financial relationships a conflict of interest when individuals have both a financial relationship with commercial interest **and** the opportunity to affect the content of a CME activity. The potential for maintaining or increasing the value of the financial relationship with the commercial interest could create an incentive to influence the content of the CME, potentially favoring the products or services of that commercial interest.

- Disclosure Forms are required for all Faculty and Planners.
- The ACCME also requires that ACS manage any reported conflict and eliminate the potential for bias during the session. Conflicts are to be managed by a designated official (MD), to ACS satisfaction by completing the Management portion on the bottom of the Disclosure Form.
- Failure to complete a Disclosure Form, or an unwillingness to disclose, will prohibit faculty from participating in an activity.
- All signed Disclosure Forms are due to ACS at least 5 business days prior to the meeting.**

I have read and understand the Disclosure information above.

COURSES AND FEES					
Exported US Course	Fee	Number of MDs/DOs	Number of Residents	Number of Faculty	Total
<i>FAST Ultrasound</i>	<input type="checkbox"/> \$975	<input type="checkbox"/> \$195 x _____	<input type="checkbox"/> \$160 x ____	<input type="checkbox"/> \$195 x _____	
<i>Focused ECHO: Ultrasound Applications in the ICU</i>	<input type="checkbox"/> \$975	<input type="checkbox"/> \$195 x _____	<input type="checkbox"/> \$160 x ____	<input type="checkbox"/> \$195 x _____	
<i>Thyroid, Parathyroid, and Neck Ultrasound</i>	<input type="checkbox"/> \$975	<input type="checkbox"/> \$195 x _____	<input type="checkbox"/> \$160 x ____	<input type="checkbox"/> \$195 x _____	

ACS CME Calendar Posting:

All approved CME activities are posted to the ACS website: <https://www.facs.org/for-medical-professionals/education/programs/accruited-education-institutes/aei-calendar/>. To ensure the information posted is accurate, please fill out all fields below (OPTIONAL)

Activity	
Name of Venue:	
Street Address:	
City/Province, State, Country:	
Main Contact	
Name:	
Email:	
Phone:	
Activity	
Event Website:	
Prominent Speakers or Highlights: <i>(Brief description)</i>	

- Email registration form to: ljenkins@facs.org
- A completed registration list will be required using the registration spreadsheet provided by an ACS Administrator.
- All Program/Marketing Materials must be reviewed and approved by ACS prior to printing or publishing.
- Access to the online materials will be provided to coordinators, faculty, and participants prior to course go-live date.
- An invoice will be issued to the course coordinator after the course has been completed.