

Adv. CCM Echocardiography Case Log

Supervised Training Pathway

Applicant's Full Name: _____

Applicant's Date of Birth: _____

ATTESTATION:

I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: _____ Date: _____

Fellowship Director's Signature: _____ Date: _____

***Note: Under the Supervised Training pathway the attending should be listed as the physician with whom the findings were discussed.**

Number	Date Performed	Critical Care Indications	Echo Findings	Clinical Diagnosis	Attending
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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20					