



Attestation of Satisfactory Completion of AIUM Physician Training Guidelines

Complete the following page as it pertains to your practice accreditation application.

1. Within the last **36 months**, I have obtained the appropriate number of CMEs in the specialty area(s) that I interpret for the practice as defined in the [specialty specific training guidelines](#). (Proof of CME credits not obtained through the AIUM is required.)

initial *if applicable*

2. Within the last **36 months**, I performed and/or interpreted the appropriate number of ultrasound examinations* in all relevant specialty areas that apply to our practice accreditation application. Refer to [specialty specific training guidelines](#).

initial *if applicable*

3. I have a certification in radiology, diagnostic radiology, or a specific ultrasound certification (i.e [ECNU](#), [RhMSUS](#), [ASBS](#)) that satisfies the [training guidelines](#) in the area(s) I interpret for the practice.

initial *if applicable*

4. I had structured ultrasound training during my residency, fellowship or other postgraduate training under the direction of a qualified physician(s)**. **Indicate all specialties below that apply to the current application:**

initial *if applicable*

<input type="checkbox"/> OB-Standard	<input type="checkbox"/> GYN	<input type="checkbox"/> Abdomen/General	<input type="checkbox"/> Urology	<input type="checkbox"/> MSK-Diagnostic
<input type="checkbox"/> OB-Detailed	<input type="checkbox"/> 3D-GYN	<input type="checkbox"/> Breast	<input type="checkbox"/> Female Pelvic Floor	<input type="checkbox"/> MSK-Interventional
<input type="checkbox"/> Fetal Echo	<input type="checkbox"/> POCUS	<input type="checkbox"/> Thyroid, Parathyroid & Neck		<input type="checkbox"/> US-Guided Anesthesia

5. I **did not** have structured training in ultrasound, therefore, I have met the additional requirements outlined in the appropriate [specialty specific training guidelines](#).

Provide name of applicable specialty: _____

initial *if applicable*

Printed Physician Name: _____

Signature: _____

Date: _____

*Cases presented as preselected, limited image sets such as in lectures, case conferences and teaching files are excluded. The ability to analyze a full image set, determine its completeness and the adequacy of image quality, and perform the diagnostic process, distinguishing normal from abnormal is considered a primary goal of the training experience.

** A qualified physician is one who, at minimum, meets the criteria defined in the relevant [specialty-specific training guideline](#).

For those seeking accreditation in Obstetrical Ultrasound, ["Limited Ultrasound" as defined by AIUM](#) does not count towards the training volume.