

# Gastric Ultrasound Local Mentor Attestation



▼ Collapse all

There are required fields in this form marked \*

▼ Mentor details

Mentor First Name	Mentor Last Name	Mentor Degree(s)
John	Smith	MD

If your name or degree(s) are spelled incorrectly, please enter correct spelling here:

Mentor First Name

Mentor Last Name

Mentor Degree(s)

▼ Attestation

(Please select)\*  I attest that I will complete this form truthfully to the best of my knowledge.

▼ Qualification

I am qualified to supervise others in gastric ultrasound because of one of the following (select one):

- I have completed the following national certificate in gastric ultrasound:
  - American Society of Anesthesiologists (ASA) Certificate of Completion in POCUS
- I have served as faculty at a CME course (local, regional, or national/international) where I taught gastric ultrasound.
- I have personally performed and interpreted at least 50 gastric ultrasound exams under appropriate supervision.
- I am the Director of Gastric POCUS in my Department/Division/Practice Area.

▼ Candidate Logs

(Please select)\*  The candidate above has shown me a log of at least 30 gastric ultrasounds that they have personally performed. I have personally reviewed at least 3 of these studies and found them to be of acceptable image quality. I.e., the images are of high enough quality to permit qualitative detection of full stomach (defined as solid gastric content or clear fluid in excess of baseline secretions (Grade 2 antrum).