

**COMPLETION OF INTERMEDIATE  
ULTRASOUND MODULE**

Please print all parts of form and retain the official copy in your training portfolio. Your Deanery Ultrasound Coordinator and Local Educational Supervisor(s) should retain a copy each. You do not need to forward a copy to the College.

**THIS FORM CONFIRMS THAT THE NAMED  
TRAINEE HAS COMPLETED THE FOLLOWING  
INTERMEDIATE ULTRASOUND MODULE  
SATISFACTORILY**

**DEANERY NAME:**

\_\_\_\_\_

**TRAINING UNIT:**

\_\_\_\_\_

**INTERMEDIATE ULTRASOUND MODULE** (*specify*): \_\_\_\_\_

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**TRAINEE DETAILS**

**SURNAME:** \_\_\_\_\_

**FIRST NAMES:** \_\_\_\_\_

**RCOG REG NO:** \_\_\_\_\_

**NTN (National Trainee Number):**    \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**NAME OF LOCAL ULTRASOUND EDUCATIONAL SUPERVISOR RESPONSIBLE FOR TRAINEE –  
CONFIRMATION OF SATISFACTORY COMPLETION OF THIS MODULE**

**1. NAME:** \_\_\_\_\_

**POST:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**NAME OF SECOND LOCAL ULTRASOUND EDUCATIONAL SUPERVISOR or INDEPENDENT ASSESSOR –  
CONFIRMATION OF SATISFACTORY COMPLETION OF THIS MODULE**

**2. NAME:** \_\_\_\_\_

**POST:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**NAME OF DEANERY ULTRASOUND COORDINATOR – CONFIRMATION OF SATISFACTORY COMPLETION  
OF THIS MODULE**

**NAME:** \_\_\_\_\_

**POST:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_