

Letter of Agreement for the USSONAR Fundamentals of Musculoskeletal Ultrasound Course for Non-Fellow

I _____ (Name), agree to participate in the USSONAR musculoskeletal ultrasound training program from October 1st, 2025, through June 8th, 2026. (Please initial each by each box below then sign at the bottom)

____ I understand that participation in the USSONAR program requires that the participant have access to ultrasound equipment which can export images for editing and web-based submission during the time I see patients.

____ I understand that participation in the USSONAR program requires that the participant (1) spend 3 hours per week on ultrasound related activities, (2) attend a hands-on ultrasound workshop in February 2026 and watch pre-recorded lectures before the event, and (3) attend the virtual ultrasound final exam in May 2026.

____ I understand that the registration fee for the program is \$5,800 and that this fee covers access to the USSONAR website teaching materials for TWO academic years, and for ultrasound study submission and feedback during the course. I understand that I am expected to complete the course within a single academic year.

____ I understand that in order to maintain access to the USSONAR website teaching materials, I need to notify USSONAR of any updates to my email address.

____ I understand that the \$5,800 registration fee is non-refundable after I obtain access to the teaching materials through the USSONAR website.

____ I understand that the hands-on workshop will include cadaver-based injections and live scanning of immunosuppressed patients in Tampa, Florida on January 30-February 1, 2026, as well as internet-based pre-recorded lectures/articles, which participants should access before the live workshop. In order to participate in the workshop, I agree to wear a mask at all times during the scanning sessions. We also advise all participants to follow CDC guidance regarding COVID testing and symptom monitoring after returning from the workshop.

____ I understand that in the case of unexpected developments including those related to unanticipated travel concerns, in order to ensure the safety of all participants, faculty, staff and potential patient models, USSONAR reserves the right to cancel the workshop and replace it with a virtual scanning workshop using teleguidance technology.

____ I understand that the registration cost for the hands-on course is included in my course fee, however, all travel arrangements as well as all travel and hotel costs will need to be covered by the participant or the participants employer in all cases.

____ I acknowledge that a hotel reservation booking link will be distributed to each participant of the Mid-Year Course. Hotel reservations must be made through this link. The anticipated room rate for 2026 is approximately \$299.00 plus taxes per night and are not included in the workshop registration fee. Airfare will be booked and purchased by the participant. Ground transportation to and from the airport will be the responsibility of the participant.

____ I understand that the final exam will be virtual, using teleguidance technology. I understand I need to have a healthy volunteer, who is not a participant in the program, to scan in order to complete the exam. The participant will be using a Butterfly Ultrasound Transducer for the final examination and if they do not have access at their institution, one will be provided by the program. I also understand that due to regulations surrounding transportation of medical devices across international borders, **USSONAR is not able to provide those participating from outside the United States with a Butterfly transducer. If I am participating from an international location, I will need to procure my own access to a Butterfly ultrasound transducer and compatible iOS device to access the teleguidance technology for the final examination.** I understand that Android devices are not compatible with the teleguidance feature, and neither are all iOS devices. I understand it is the participants responsibility to ensure that their iOS device is included on the list of teleguidance compatible devices which can be found [here](#). An opportunity to test the teleguidance feature will be available in the weeks prior to the exam date.

____ I understand that program completion depends on submitting images from at least approved 50 ultrasound examinations of patients over the course of the program and that failure to submit a minimum of 50 approved ultrasounds will result in non-completion of the program.

____ I understand that the minimum number of 50 (but not more than 58) complete (as defined in the course materials) ultrasound scans must be submitted for the following joint regions as part of the 50 total scans:

- Fingers – 5 scans each containing 7 required images
- Wrists – 5 scans each containing 9 required images
- Elbows – 5 scans each containing 7 required images
- Hips – 5 scans each containing 4 required images
- Knees – 5 scans each containing 8 required images
- Toes – 5 scans each containing 5 required images
- Shoulder – 7 scans each containing 9 required images
- Ankle – 8 scans each containing 11 required images
- Ultrasound guided injections with direct needle visualization in the long axis – 5 scans each containing the 3 required views, including one image clearly depicting the needle within the visualized target tissue.

____ I understand that additional details about the USSONAR program can be found through the USSONAR Canvas course and via periodic emails from USSONAR and Suwannee River AHEC which is providing administrative support for this program.

____ I understand that it is the participant's responsibility to ensure they are checking the assignment modules for updates at least monthly to ensure they are completing assigned readings and required ultrasound images on time.

____ I understand the requirements of this course, including the in-person midyear hands on course and final exams, are outside of the scope of my work as a fellow/attending. I acknowledge the dates of these events (Mid-year course **Jan 30- Feb 1, 2026**; Written Exam **May 2, 2026**, Hands-on exam **May 16, 17, 30, and 31, 2026**) and affirm my ability to attend and participate.

____ I understand rescheduling the exam more than two weeks after the schedule has been initially finalized and sent will result in a **\$200.00 administrative fee** to cover cost associated with the change.

____ I understand if an accepted participant cannot complete the course for documented medical reasons, they must notify the program director as soon as possible. Due to the competitive nature of the program, a position in the next program cycle is not guaranteed.

____ I understand if a participant fails to meet the requirements of the course and does not complete, a refund will not be granted. The participant may apply in the next cycle but will have to pay the fee again.

Participant Signature

Date

Printed Name and Title