

**Program Director Letter of Fellow Support for
the USSONAR Fundamentals of Musculoskeletal Ultrasound Course**

I am the program director for _____ (*Name of Fellowship Program*).

I allow _____ (*Name of Fellow*), a current rheumatology fellow at our program to participate in the USSONAR musculoskeletal ultrasound training program from September 1st, 2023 through June 12th, 2024. (Please initial each by each box below then sign at the bottom)

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

____ I understand that participation in the USSONAR program requires that the (1) fellow spend 3 hours per week on ultrasound related activities, (2) attend a hands-on ultrasound workshop in February 2024 and watch pre-recorded lectures before the event, and (3) attend the virtual ultrasound final exam for one day in May 2024.

____ I understand that the registration fee for the program is \$500 and that this fee covers access to the USSONAR website teaching materials for TWO academic years, and to ultrasound study submission and feedback during the month of October, 2023 – it does NOT guarantee continued active access to participation (study submission, workshop and final examination) through the rest of the program.

____ I understand that after October only the 30 fellows with the greatest number of HIPPA compliant studies submitted (up to 16), and the highest scores on a written quiz will continue to have full access to the program. Fellows not admitted to the full course will continue to have access to the teaching materials.

____ I understand that in order to maintain access to the USSONAR website teaching materials, fellows need to notify USSONAR of any updates to their email address. Fellowship program email addresses need to be replaced with an alternative especially when fellows graduate from their fellowship program during the course of 2 years.

____ I understand that the \$500 registration fee is non-refundable after the fellow obtains access to the teaching materials through the USSONAR website, regardless of whether they are admitted into the full program after the month of October.

____ I understand that the hands-on workshop will include live scanning of immunosuppressed patients in Tampa, Florida on February 2-4, 2024, as well as internet-based pre-recorded lectures/articles, which participants should access before the live workshop. In order to participate in the workshop, the fellows will need to agree to wear surgical masks 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 the COVID-19 pandemic or other 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 there is a **separate registration fee for the hands-on workshop of \$1,800**. There will be limited number of scholarships available based on competitive fellow participation in the program during the months of October through December. For fellows who are awarded scholarships, depending on available funds the registration fee will be wholly or partially reimbursed. Travel and hotel costs will need to be covered by the fellow participant or their fellowship program 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 expected room rate is \$225.00 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. The fellow needs have a healthy volunteer to scan in order to complete the exam.

____ I understand that program completion depends on the fellow submitting images from at least 50 ultrasound examinations of patients over the course of the program.

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

Fellow Signature

Date

Program Director Signature

Date

Program Director Printed Name and Title