

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 2nd, 2025 through June 8th, 2026. (Please initial 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 January/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 \$530 and that this fee covers access to the USSONAR website teaching materials for TWO academic years, and the ultrasound study submission and feedback during the month of September, 2025– it does NOT guarantee continued active access to participation (study submission, workshop and final examination) through the rest of the program. Not making the final cut to continue on in the program does not make me eligible for a refund.

____ I understand that after September only the 35 fellows with the greatest number of HIPA 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 \$530 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 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, 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 \$2,100**. 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 \$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 participants.

____ I understand that the final exam will be virtual, using teleguidance technology. I understand I need to have a healthy volunteer, who is not participating 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 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 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- Feb1, 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 the training program, a refund will not be granted. The participant may apply for the next cycle but will have to pay the course fee again.

____ 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