

Training Request Form

Requestor's Details

First and Last Name (Requestor's Contact): _____

Phone: _____ Email: _____

Requestor's Institution/Organization: _____

Name of Department/Program: _____

Location/Street Address: _____

State/Territory/Providence: _____ Country: _____

Training Request Details

Number of People to be Trained: _____ Specialties of the Providers: _____

Level of POCUS Expertise in the Trainee Group (select all that apply) :

Beginner

Intermediate

Advanced

Which POCUS clinical content areas are you looking to be trained in?

Content Area 1: _____

Content Area 5: _____

Content Area 2: _____

Content Area 6: _____

Content Area 3: _____

Content Area 7: _____

Content Area 4: _____

Content Area 8: _____

If you wish to be trained in more than 8 content areas, please check this box:

Do you currently have access to POCUS devices? Yes No If yes, how many? _____

Do you have a training space/facility to host the training? Yes No

If yes, please provide the address of the training location: _____

What month(s) or year do you want to hold training? _____

Is your group willing to do a self-guided pre/post training, to supplement their training? Yes No

How many hours or days are you hoping to accomplish training in? (i.e., 2 days, 8 hours each):

Will you have access to volunteers or standardized patients for scanning practice or would you like to have the trainer provide this? We have volunteers/standardized patients Please provide volunteers

What is your ideal class size? _____

Do you prefer in-person/on-site or virtual/online training? In-person/on-site Virtual/online

On a scale from 1 to 5, with 5 being the most important and 1 being the least, please rate the importance of the following training components to your learner group:

5 4 3 2 1

Lecture Time

Lab Time/Scanning Practice

Device Demo

Case Review/Image Analysis

Certification Preparation

Certification and Continued Learning

How many pre-training POCUS Fundamentals learning modules and certificates would you like to include in your training? _____

Based on your requested clinical content areas, would you like to ensure that your trainees are also certified in those areas? Yes No

Do you prefer individual certificates per content area or full certification? Individual Full

Please send all POCUS training requests to the Global Manager of Outreach, [Sam Forcum](#), at the POCUS Certification Academy. She will send the request to the training network and report back within 1 week. Thank you!