

Visiting Preceptorship in Ultrasound

COURSE DIRECTORS

Ulrike M. Hamper, MD, Associate Professor and Sheila Sheth, MD, Assistant Professor
Division of Ultrasound

DESCRIPTION: This program is specifically designed for the physician or sonographer who has been practicing ultrasound for at least six months. All ultrasound examinations are reviewed and read out as the study is completed. The day is spent with registered sonographers observing studies in abdomen, gynecology, obstetrics, small parts, vascular, and color flow Doppler, and latest developments in diagnostic ultrasound including new or unusual techniques. A collection of videotaped lectures is available for review during the day and in the evening. The Division of Ultrasound of The Johns Hopkins Department of Radiology and Radiological Science operates in two different locations (Hospital and Outpatient Center) a total of 11 patient scanning areas with a volume of 45 to 60 cases per day. There are 12 independent real-time ultrasound systems, including endorectal, endovaginal and color flow Doppler systems.

OBJECTIVES: Following this program, the participant should be able to:
-become familiar with current information on diagnostic ultrasound in abdominal, gynecologic, obstetrical, small parts and vascular applications
-obtain working knowledge of the use of Doppler and color flow Doppler ultrasound
-attain the latest developments in diagnostic ultrasound including endocavitary and new or unusual techniques

ACCREDITATION: The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT: The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 40 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Physicians must self-report the actual hours attended. A self-report form will be provided on site. A certificate based on the hours reported will be mailed within six weeks. A certificate cannot be provided until the completed form is received and processed.

LOCATION: Division of Ultrasound, Department of Radiology, The Johns Hopkins Hospital, 600 North Wolfe St., Baltimore, Maryland.

REGISTRATION: This visiting preceptorship is offered continuously throughout the year. **Reservations are confirmed by appointment only.** Two visiting physicians or sonographers per week are accepted into the lab. To confirm dates, contact the Program Coordinator in the Office of Continuing Medical Education, Johns Hopkins University School of Medicine, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205-2195. Phone (410) 614-0149. FAX (410) 955-0807.

FEE: \$500. The registration fee, which must be paid in advance, includes instructional materials. Foreign payments must be made by credit card or with a **U.S. Dollar World Money Order.**

CANCELLATION POLICY: A handling fee of \$50 is deducted for cancellation. Refund requests must be received by fax or mail by **5 business day out.** No refunds will be made thereafter. The Johns Hopkins University reserves the right to cancel or postpone any course due to unforeseen circumstances. In the event of cancellation or postponement, the Johns Hopkins University will refund only the registration fee and is not responsible for other related travel expenses.

AMERICANS WITH DISABILITIES ACT: The Johns Hopkins University School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. *Please notify us if you have any special needs.*

POLICY ON FACULTY AND PROVIDER DISCLOSURE: It is the policy of the Johns Hopkins University School of Medicine that the faculty and provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). Detailed disclosure will be made in the course handout materials.

MEETING REGISTRATION FORM

Course Number 06/530228

To register by mail, send this form to the Johns Hopkins University, Office of Continuing Medical Education, P.O. Box 64128, Baltimore, Maryland 21264-4128. Include check payable to **HOPKINS/Ultrasound Preceptorship**, or fax your credit card registration to (410) 955-0807. Registration is limited and pre-registration is required. Please type or print clearly:

last name	first name	middle initial	primary degree / primary specialty	preferred mailing address	For Office Use Only Initial _____ Date _____ []CC []CK# _____ []Cash
city, state	zip + 4 code	country	daytime telephone	fax number	

METHOD OF PAYMENT: CHECK Made payable to: Hopkins/PET/CT Practicum

For Johns Hopkins University Faculty and Staff Only: An approved JHU Tuition Remission Voucher and a Professional Development Form from the Benefits Office must accompany your registration. For forms, visit www.jhu.edu/~hr1/benefits/forms/others/index.html. Cancellation must be in writing five working days prior to course or your department will be charged. Check Status: Physician Allied Health Professional. Return your approved voucher and registration form to Turner 20, School of Medicine

CREDIT CARD: VISA MasterCard Discover AMEX Name as it appears on card: _____

Card #: _____ - _____ - _____ Exp. Date: _____ Signature: _____ Date: _____

What do you hope to learn by attending this course? _____ Please notify us if you have any special needs. 7/1/05-6/30/06