

**Ultrasound Model Application Form – Ultrasound**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that I have received and have read the Ultrasound Model Instructions

 Print Name

for the AAEM Ultrasound Course(s) to be held at NYAAEM Regional Ultrasound Couse on Wednesday, February 20, 2020 at the Jamaica Hospital Medical Center, Jamaica, NY.

I understand the instructions and agree to be a model for the Transabdominal, Neck and/or Cardiac (placement to be determined onsite) lab.

I am available to serve as a model:

 \_\_\_\_\_\_Wednesday, February 20, 2020 9:00am-5:30pm - 8 models required (lunch is provided)

[ ] I am a Medical Student and would like to serve as a model. In return, I will have the $35 registration fee refunded to me after my participation in the course.

1 Why would you like to serve as a model for this course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.     What questions or concerns do you have about participating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.     I am a: Male  Female *(select one)*

4.     What is your age? \_\_\_\_\_\_

5.     What is your weight? *(Approximate)* \_\_\_\_\_\_\_

6.     I verify that I have read the instructions and will prepare accordingly:  Yes  No *(select one)*

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the following items to Kathy Uy, AAEM Senior Meetings Manager at kuy@aaem.org:

* completed Ultrasound Model Application form and
* W9