**Appendix 4. Training logbook for new practitioners**

|  |  |
| --- | --- |
| **Practitioner ID number** |  |
| **Name of SSS** |  |
| **Name of local organisation/NHS trust** |  |
| **Date** |  |

FASP recommends that an individual training plan be negotiated between SSS and practitioner

|  |  |  |
| --- | --- | --- |
| **Action** | **Date Completed** | **Comments** |
| Condensed educational module for T13/T18 &T21 (CEMT21) ESSENTIAL |  |  |
| NT training resource **ESSENTIAL** |  |  |
| Training number requested from DQASS |  |  |
| Log book of supervised scans completed |  |  |
| Log book of 25 independent scans completed |  |  |
| Images reviewed and scored as good or acceptable by SSS |  |  |
| 25 paired measurements submitted to DQASS |  |  |
| SSS confirms competent to scan independently |  |  |

Signed Declaration

*The above ultrasound practitioner has successfully completed all training requirements and is therefore competent to undertake the ultrasound aspect of the NHS T13/T18 &T21 screening programme.*

Signature of SSS ……………………………………………………………………………………………………………………………………………………………

Date …………………………………………………………………………………………………………………………………………………………………………….