**Appendix 5. Return to Practice logbook**

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| **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.

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| **Action** | **Date Completed** | **Comments** |
| Condensed educational module for T13/T18 &T21 (CEMT21) ESSENTIAL |  |  |
| NT training resource **ESSENTIAL** |  |  |
| Support practice if required |  |  |
| Satisfactory image review with SSS completed |  |  |
| 25 paired measurements submitted to DQASS |  |  |
| SSS confirms may continue screening |  |  |