

Sample Case Log

Requirement 5: Supervised Training

Transthoracic Examinations

Examinations performed and Interpreted

Physician's Full Name: _____

Physician's Date of Birth: _____

Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: _____ *Date:* _____

Fellowship Director's Signature: _____ *Date:* _____

Number	Date Performed	Indications	Findings	Diagnosis	Attending
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***Note:** Under the **Supervised Training pathway** the attending should be listed as the physician with whom the findings were discussed.