Our aim is to teach the skills required to perform a targeted critical care scan and to provide a “stepping stone” to further echocardiography learning. To this end, an image bank of both normal findings and pathology is provided at course completion as is a list of resources to enable participants to extend their skills.

Accreditation and maintenance of standards are difficult aspects of critical care echocardiography that are discussed.

Please note course size is limited to 10 participants to maximise scanning time.

**Course fees**

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>$900</td>
</tr>
<tr>
<td>Registered CICM trainee</td>
<td>$650</td>
</tr>
</tbody>
</table>

Fees include: pre-course reading, course manual, USB containing an image bank of normal findings & pathology, a collection of echocardiography related articles plus morning tea and lunch.

**Course dates**

- **Thursday 02 March**
- **Thursday 11 May**
- **Thursday 10 August**
- **Thursday 09 November**

For registration and all enquiries please email HNELHD-JHHICUCourses@hnehealth.nsw.gov.au
REGISTRATION FORM

Please complete and return to: email HNELHD-JHHICUCourses@hnehealth.nsw.gov.au (preferred method)
Alternatively post to: Department of Intensive Care, Level 3 John Hunter Hospital, Locked Bag 1, HRMC, 2310

Preferred Date:  
- 02 March 2017  
- 10 August 2017  
- 11 May 2017  
- 09 November 2017

Course Fees:  
- $900 Medical Staff  
- $650 CICM Trainees

Personal Details

Title:  
Given Name:  
Surname:  
Email address:  
Contact Phone:  

Position and Training Level:  
- PGY1 (Intern)  
- PGY2 (JMO)  
- Critical Care SRMO  
- Registrar and above  
- Other SRMO

Hospital (include ward and unit):  

Credit Card Payments:

Card Type:  
- MasterCard  
- Visa

Card Number:  
- _____  
- _____  
- _____  
- _____  

Expiry Date:  
- ____/____

Name on Card:  
Signature:  
Contact Number:  

Payment (including GST) covers catering, consumables and course materials. 
We will process your payment 3 weeks before the course and a receipt will be provided to you.

How did you hear about this course?  

How do you feel this course would benefit you?  

Do you have any dietary requirements (for catering)?  

CASHIERS OFFICE USE ONLY: CREDIT 470400 604631 1338
Additional Information

This course is held at John Hunter Hospital, Lookout Road New Lambton NSW 2305. Room information is given out in your package.

To register please complete and return this form to the address on top of the form.

Please note that places cannot be reserved until payment has been received.

Places will be offered on an “as required” basis; therefore each application will be considered and ranked according to the clinical need for each individual. Please detail your need for the course in the section related to how this course will benefit you.

Cancellation Policy
Cancellation >21 calendar days prior – full refund
Cancellation <21 calendar days prior – full refund if place can be filled from waiting list
No refunds for cancellations within 14 days of course

We reserve the right to cancel at short notice any course for reasons of equipment malfunction, unavailability of instructors or other unforeseen circumstances. In the event of cancellation, every effort will be made to re-schedule the course. Refunds will be provided in this instance.