**General Intensive Care Ultrasound (GenIUS)**

**Trainers: Application form**

The General Intensive Care Ultrasound (GenIUS) course, organized by the European Society of Intensive Care Medicine (ESICM), is a comprehensive program designed to support physicians in achieving competencies in critical care ultrasound.

Any country can approach ESICM to host a GENIUS local course, but to do so they need their trainers to be trained in the methodology of the pathway and certified by ESICM. Anyone with **3+ years experience and/or national/international certification in ultrasound** can apply to be a trainer.

To apply, please send the below document to **education@esicm.org**: along with this application form:

* CV
* Motivation letter
* Support letter from your head of department/training

**Personal Information:**

|  |  |
| --- | --- |
| Full Name: |  |
| Current Position: |  |
| Institution/Hospital: |  |
| Department: |  |
| Contact Email: |  |
| Contact Phone Number: |  |
| Are you an ESICM member? (yes/no) |  |

**Professional Qualifications:**

|  |  |
| --- | --- |
| Medical Degree(s): |  |
| Specialization(s): |  |
| Years of Experience in Intensive Care Medicine: |  |

**Ultrasound Experience in Intensive Care Medicine:**

|  |  |
| --- | --- |
| Total Years of Ultrasound Use in ICU |  |
| Areas of Expertise – **Kindly provide details for each topic***(certification/accreditation if any, number of scans performed, departmental responsibilities e.g. governance)* | * Cardiac Ultrasound
 |
| * Thoracic and Pleural Ultrasound
 |
| * Abdominal Ultrasound
 |
| * Neuro Ultrasound
 |
| * Vascular Ultrasound
 |
| Relevant Certifications or Training in Ultrasound |  |
| Please provide details if any of the modules are particular strengths OR weaknesses |  |
| Experience with GenIUS Course Content: | * Have you previously attended the GenIUS course? (Yes/No)
* If yes, please provide details (date, location)
* Have you completed the GenIUS Acadmey modules? (Yes/No)
 |

**Teaching Experience:**

*Mandatory - Please note that this section must be completed for your application to be considered.*

|  |  |
| --- | --- |
| Previous Teaching Roles in Medical Education |  |
| Experience as a Trainer in Ultrasound Courses |  |
| Other Relevant Teaching Experience |  |

**Motivation and Availability:**

|  |  |
| --- | --- |
| Why are you interested in becoming a trainer for the GenIUS course? |  |
| What can you contribute to the course as a trainer? |  |
| Would you be in a position to organise a local GenIUS course? |  |

**References:**

|  |  |
| --- | --- |
| Contact Information for Head of Department | Name:Position: Email:Phone Number: |

**Declaration:**

I hereby declare that the information provided above is accurate and complete to the best of my knowledge.

Signature:

Date: