Ultrasound
Five-Day Minicourse

Dates Available Upon Request

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Course Director

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Course Description

The Ultrasound Minicourse is a five-day course held in the division of Ultrasound in the Department of Radiology at Brigham and Women’s Hospital. Attendees will begin each day with a case conference given by the Ultrasound attending. The remainder of the day, visiting fellows will accompany faculty as they review, scan, and interpret a wide variety of sonographic examinations, including abdominal, obstetrical, gynecological, thyroid, and scrotal. Visitors will also be given the opportunity to observe vascular and high-risk obstetrical ultrasound examinations and interpretations.

In addition to the one-on-one teaching by ultrasound faculty, visiting fellows will be shown a variety of ultrasound-guided invasive procedures, including amniocentesis, renal biopsies, thyroid biopsies. Interesting cases can also be reviewed on an electronic teaching file in the Ultrasound area.
DAILY SCHEDULE

8:00  Teaching Conference (L1)
8:30  Observe in Ultrasound Unit
12:15 Resident Conference and Lunch Recess
2:00  Observe in Ultrasound Unit
5:00  Adjourn

COURSE LOCATION
All sessions will be held at Brigham and Women’s Hospital, 75 Francis Street, Boston, MA

Hotel Rooms in the Area
Brookline Courtyard Marriott, 40 Webster Street, Brookline, MA. (866) 296-2296
Best Western Boston, The Inn at Longwood, 342 Longwood Avenue, Boston, MA. (617) 731-4700

ACCREDITATION
Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Harvard Medical School designates the Ultrasound Minicourse for a maximum of 40 category 1 credits toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.

REGISTRATION INFORMATION
For specific tuition fees, see the registration form. All foreign payments must be made by a draft on a United States bank, or by Visa or Mastercard. If paying by check, make it payable to Harvard Medical School and mail with the completed registration form to: Harvard Medical School, Department of Continuing Education, PO Box 825, Boston, MA 02117-0825. If paying by credit card, fax the completed registration form to (617) 384-8686, register online at www.cme.hms.harvard.edu, or mail it to the above address. Telephone registrations are not accepted. Inquiries should be directed to the above address, made by phone: (617) 384-8600, Monday-Friday, 10 am to 4 pm (EST), or by e-mail: hms-cme@hms.harvard.edu.

Please note: Program changes/substitutions may be made without notice. Upon receipt of registration, a confirmation letter will be mailed to the address listed on the form.

REFUND POLICY
A handling fee of $60 is deducted for cancellation. Refund requests must be received by mail or fax one week prior to the course. No refunds will be made thereafter.

ONLINE INFORMATION
To register or view course information online, visit Harvard Medical School Department of Continuing Education’s home page: http://www.cme.hms.harvard.edu

To ensure proper registration, please add the first three letters of the source code found at the bottom of the registration form

Universality Minicourse
Fee  $1,500 (one week)
     $2,700 (two weeks continuous)

PLEASE PRINT CLEARLY

Last    First    Middle Initial

Street

City     State     Zip Code

Daytime Phone    Fax Number

Email Address

Professional School Attended    Year of Graduation

Profession

Principal Specialty    Board Certified: Yes ___   No ___

Organization Affiliation

Form of Payment (please check one)

Check is enclosed:

Please make your check payable to Harvard Medical School and mail it with this registration form to: Harvard Medical School, Department of Continuing Education, PO Box 825, Boston, MA 02117-0825

Bill my credit card:

Credit Card Number ______________-____________-____________-_______________
Expiration Date _______________ Signature________________________________________

Name on Card _________________________________________________________________

Registrations paid by credit card can be faxed to 617-384-8686, or mailed to the above address.

Tuition Fee: $____________

Online registrants - add the first three letters of the source code found here -->   Source Code: X