

## Canadian Point of Care Ultrasound Society

### Criteria to Qualify as a Master Instructor

Those members holding CPoCUS IP status can be recommended for Master Instructor (MI) status by any IP who holds MI status. A minimum of FIVE (5) of the below criteria must be met to qualify for MI status.

I am \_\_\_\_\_, IP # \_\_\_\_\_. I recommend \_\_\_\_\_, IP # \_\_\_\_\_ for MI status. They have fulfilled the following criteria:

Has been a CORE IP for at least one year

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_

Has given the CEUS exams (written, visual and practical) three or more times

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_ OR as above

Has provided 40 or more hours of IP training locally in the past year

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_ OR as above

Is able to effectively teach a pelvic scanning session<sup>1</sup>.

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_ OR as above

Is competent in the use of and ability to teach trans-vaginal scanning

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_ OR as above

Has made a significant contribution in teaching and application of POCUS in the emergency or critical care environment.

Sign \_\_\_\_\_ Print \_\_\_\_\_ CPoCUS IP # \_\_\_\_\_ Date \_\_\_\_\_ OR as above

Please email scanned copy to [admin@cpocus.ca](mailto:admin@cpocus.ca).

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<sup>1</sup> These sessions would involve training several physicians (2-4) simultaneously with 12-15 models over 2-3 hours in either the abdominal and/or transvaginal pelvic scans. A candidate would be deemed to have fulfilled this criterion either after direct observation by a Master Instructor while they "apprentice" such a session OR IF, in the opinion of the recommending Master, the candidate would run such a session effectively.