

DIAGNOSTIC MEDICAL SONOGRAPHER - Ultrasound

Please complete for EACH Sonographer currently working in the facility (casual, part time and full time). One DMS can list information below. Each additional DMS can enter info into the standalone "Facility Pre-Questionnaire – Additional Sonographers".

Name (as given on CMRITO register):		
CMRITO#		Copy of your online registration status sheet Attached
Please check procedures which you are performing at this Facility: (X)		
General Ultrasound	Vascular Ultrasound	
Other:		
Do you perform Nuchal Translucency ultrasound?	Yes	No
If yes, please provide evidence that you completed the Fetal Medicine Foundation Certification Program:	FMF ID #: _____	
Please list the procedures in which you <u>currently scan</u> for this facility?		
Please provide a list of the other facilities you provide services for:		
Facility Name and IHF Billing #:		