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| Logo  Description automatically generated | **WORLD FEDERATION**  **FOR ULTRASOUND IN MEDICINE AND BIOLOGY**  **CENTER OF EDUCATION**  **YEARLY REPORT – 202X** | |
| *WFUMB Office PO Box 72718 London SW19 9HD UK*  *Tel: +44 7752589099*  *E-mail:* [*lrudd@wfumb.org*](mailto:lrudd@wfumb.org)  *Website:* [*http://www.wfumb.org*](http://www.wfumb.org) | | |
| 1. **CENTER OF EDUCATION (CoE) DETAILS****:** | | |
| COE NAME: | | LOCATION: |
| **2. CoE SECRETARY/ADMINISTRATOR:** | | |
| NAME: | | INSTITUTION: |
| ADDRESS: | | COUNTRY: |
| E-MAIL: | | TELEPHONE: |
| 1. **DATE:** | | |
| **4. EDUCATIONAL PROGRAMS ORGANIZED BY COE**  Describe the training program(s) you held this year. Attach programs and/or other course literature. | | |
| A. NAME & DESCRIPTION OF PROGRAM 1: | | |
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| DATE OF PROGRAM: | | |
| NUMBER OF ATTENDEES: | | |
| COUNTRIES REPRESENTED: | | |
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| WFUMB SPEAKERS: | | |
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| B. NAME & DESCRIPTION OF PROGRAM 2: | | |
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|  | | |
| DATE OF PROGRAM: | | |
| NUMBER OF ATTENDEES: | | |
| COUNTRIES REPRESENTED: | | |
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| WFUMB SPEAKERS: | | |
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| **5. OTHER EDUCATIONAL PROGRAMS:** | |
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| **6. DESCRIBE HOW YOUR COE HAS IMPACTED ULTRASOUND USE AND HEALTHCARE IN YOUR REGION:** | |
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| **7. LIST THE COE GOALS FOR THE COMING YEAR:** | |
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| **8. YEARLY BUDGET FOR WFUMB COE TASK FORCE GROUP:**  Please attach a copy of your annual budget. | |
| I certify that the funds received will be used by the Center of Excellence to provide ultrasound training programs on an annual basis and that I will submit annual reports, brochures, and other COE updates in a timely fashion. | |
| **DATE**: | **MANAGER/ADMINISTRATOR SIGNATURE**: |