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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* *Website:* [*http://www.wfumb.org*](http://www.wfumb.org) |
| 1. **CENTER OF EDUCATION (CoE) DETAILS****:**
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| 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**: |