



Ultrasound Guidelines Council

Patrick Wall, Executive Director

796 40th Ave.

Pleasantville, IA 50225

www.ultrasoundguidelinescouncil.org

Application for Re-Certification in Absentia

Due August 1st, 2024

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone __ (____) _____ Email _____

To qualify for re-certification in absentia technicians must be able to answer “yes” to ALL questions below. Do not guess.

- 1. Are you currently certified by UGC as a Field Technician? Yes No
- 2. As a UGC-certified technician, have you submitted images on at least 3,000 head to UGC labs with images scored for UGC Image Quality (IQ)? Yes No
- 3. Did you submit images on at least 250 head with images scored for IQ in 2023? Yes No
- 4. Did you submit images on at least 250 head with images scored for IQ in 2023? Yes No
- 5. Have your IQ scores met or exceeded the standards shown below for all images submitted since January 1, 2023?

Image Type	Percent Acceptable	Percent Rejected
RIB	93.4%	0.6%
IMF	94.5%	0.5%
RUMP	98.9%	0.1%

Yes No

NOTE: IQ Reports are sent to each UGC-certified technician that has submitted images to a UGC Lab in July of each year.

Complete applications must include all pages

Continuing Education Credit Worksheet

2024

Introduction

The UGC Continuing Education Policy was revised in 2010. Field technicians who have re-certified in absentia (i.e., Absentia Techs) must accumulate at **least 4 continuing education points** during every two-year cycle (i.e., the period of their certification).

Instructions

Please answer the questions below, sign the form, and send it to the address above with your Absentia Re-Certification Application Form and Field Technician Agreement.

Did you participate in a UGC Field Certification education program in 2022 or 2023?

UGC Field Certification

2022

Yes

No

2023

Yes

No

Mail this completed application (including the Technician Agreement Form) along with the fee of \$300 to the address shown above. Applications received after August 1st, 2024 must be accompanied by a fee of \$400. Make checks payable to "UGC". Recertification requires a complete application.

I certify that the information provided above is accurate to the best of my knowledge. I also understand that the \$300 fee for this application will not be refunded or applied to field certification if I do not qualify for recertification in absentia.

Signature

Date



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<http://www.ultrasoundbeef.com>

2024 UGC Field Technician Agreement

I, (print name) _____, accept the following obligations in order to maintain my status as a UGC Certified Field Technician. I will:

- √ Use only UGC approved systems for collection of images that will be utilized in genetic evaluations.
 - System = combination of machine, frame grabber, settings, and lab software.
- √ Participate in the UGC Continuing Education Program as applicable to my certification.
- √ Only submit images to labs that I have personally collected. I will not submit anyone else’s images under my name or allow anyone else to submit my images under their name.
- √ Allow UGC to collect my image quality information from labs that I submit to on a periodic basis.
- √ Return to re-certify or apply for absentia in two years if I want to continue certification.

2024 UGC System Information

NOTE: If you are unsure about any of the components of your system, please call one of the labs that you send images to or the UGC office to determine what you are currently using. Check all items that apply within each category.

Machine that you are certified on:

- Aloka (new)
- Aloka (old)
- Aquila
- Classic
- E.I. Medical EVO
- E.I. Medical Ibex
- ECM Exago

Lab(s) Used:

- CUP Lab
- International Livestock Image Analysis
- UltraInsights

Frame Grabber(s):

- CX100
- PXC200
- USB
- VCE
- Elgato USB
- Avermedia USB
- Onboard digital storage/transfer

Image Capturing System:

- BIA
- BIA-Pro+
- Black Box
- Black Box Pro
- CPEC
- CUP Box
- Scanning Partner
- UICS
- UICS 2

I, (print name) _____, certify that this information is correct. I also understand that, as an Ultrasound Guidelines Council Certified Field Technician, I must meet all the criteria listed in the UGC Certification Process document in order to maintain my certification.

Signature: _____ Date: _____

2024 UGC Contact Information

NOTE: Please fill out the entire form. **PLEASE make sure that UGC has a useable email address.** Usually email is the most convenient and cost-effective way of contacting you.

Check the boxes below if you do **NOT** want the information included on the UGC website. All certified technicians will be listed on the website with at least their name and state.

Name: _____

Company: _____

Mailing Address: _____

City: _____

State: _____

Zip code: _____

Country: _____

Home phone with area code: _____

Work phone with area code: _____

Cell phone with area code: _____

Fax with area code: _____

Email (required): _____

Website: _____

NOTE: If your contact information changes during the year, please contact the Executive Director to update your records. Email will be used for most communications.