



Advanced CTO Physician Training Program

Course Application

Please answer the following questions completely. The information you provide will be submitted to the course director at your chosen site for approval. Incomplete applications will delay processing your information.

Training Site: _____

Training Date(s): _____

1. Contact Information:

Name: _____ Specialty: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Number: () _____

Cell Number: () _____

Fax Number: () _____

E-mail Address: _____

Office Manager: _____ Phone Number: _____

Office Hours: _____

2. Which of the following best describes your current practice?

____ Private Practice ____ Academic Practice Other (describe): _____

3. What is the complete name and address of your primary hospital?

4. Please list states in which you are licensed to practice.

5. Have you completed a peripheral fellowship?

Institution: _____

Dates: _____

Director: _____

6. Approximately how many of the following procedures do you currently perform per month?

	Angiograms / Month	Stents / Month
Iliac		
SFA		
Renal		
Carotid		

7. What peripheral vascular training courses have you attended and where were they located?

<i>Course/Program</i>	<i>Location & Date(s)</i>
Demonstration/didactic courses	
Preceptorship	

8. How did you hear about this program?

Trainee Prerequisites

- High level of proficiency in catheter-based intervention
- Board certified in IR, VS or IC
- Fully credentialed to perform peripheral and/or coronary interventions at his or her local institution

Additional Documentation

This course application must be completed and sent to Ciné-Med along with the following additional information:

- Documentation of being fully credentialed to perform peripheral interventions.
- A current CV; a letter from the department head confirming the applicants annual type and number of in-hospital procedure-related events and verifying the applicant's standing at his institution.
- Confirmation of adequate malpractice insurance required by course site.

What to expect next if approved:

1. Hospital Privileges & Licensing Applications (if applicable)
2. Suggested Lodging and Travel Information

Please allow 2 to 4 weeks for application process and decision status. Fax or send application to:

*Ciné-Med, Inc. c/o CTO Training
127 Main Street North
Woodbury, CT 06798
Phone (203) 263-0006 Fax (203) 263-6068*

Please contact Daniele Hartley at Cine-Med if you have any questions regarding the course or the status of your application at dhartley@cine-med.net.

