

Department of Anesthesiology

Perioperative and Critical Care Echocardiography Executive Medical Fellowship (EMF) - Applications Form

Please fill out the Applications Form below as accurately and completely as possible. This information is used to understand your practice environment and to better assess your needs and available resources. Once received, the information will be reviewed by the Executive Medical Fellowship Admissions Committee and if accepted, you will receive a formal acceptance letter via regular mail. Once accepted, the appropriate payment for your chosen course is required at least 30 days prior to attending the initial course session.

I. Personal Information

First Name _____ MI _____

Last Name _____

Mailing Address _____

City/State/Zip Country _____

Phone _____ Pager _____

Email _____

I prefer to be contacted by: Phone Pager E-mail

II. Professional Information

A. State License # _____ Exp Date _____

B. Medical School _____

Location _____

Degree _____ Year of Graduation _____

C. Residency _____ Year(s) _____

Location _____

D. Fellowship _____ Year(s) _____

Location _____

III. Current Practice

Practice/Facility Name _____

Department _____

A. Scope of Practice

Academic Private Practice/Group Private Practice/Individual

B. Type of Institution

Teaching Regional Hospital Community Hospital

Surgical Center Other _____

C. Type of Practice

MD only MD (supervision) PA/NP/CRNA

D. Area of Practice

General Practice Anesthesiology Cardiac Anesthesiology

Orthopedic Anesthesiology ICU Anesthesiology

ICU Medicine ICU Surgery/Trauma Surgery _____

Pre-op Assessment Other _____

E. Percentage of Cases per Year

Cardiothoracic _____% Pediatrics _____%

Trauma _____% Orthopedics _____%

OB _____% Oncology _____%

Vascular _____% General, ENT, Urology _____%

IV. Equipment Information

A. Type of echo equipment you will be using during the program

1. Manufacturer and model _____

2. Digital storage capacity? Yes No

B. Can your system be connected to an Ethernet network?

Yes No I don't know

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**Perioperative and Critical Care Echocardiography EMF Training Course
 Admissions Form (cont)**

V. Program Choice(s) – please select one or more

- Program A (required)
- Program B (optional)
- Program C (optional)

Program Number	Program Title	On-Site Sessions ^a
A	Perioperative and Critical Care Core Competencies Program	Week 1 and Week 2
B	Surgical Applications Program	Week 3
C	Perioperative Stress Testing Program	Week 4

^aAll on-site sessions will be held on-site M-F at the University of Utah in Salt Lake City, UT.

VI. Tuition

- Program A: \$20,000 (paid at one time or \$10,000 due at least 30 days prior to the beginning of each on-site session)
- Program B: \$10,000 due at least 30 days prior to the beginning of the on-site session
- Program C: \$10,000 due at least 30 days prior to the beginning of the on-site session

VII. Signature

I affirm that this application contains no misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. If admitted to the program, I agree to observe the rules and regulations of the University of Nebraska Medical Center and to pay all fees and charges assessed thereunder.

Signature _____ Date _____

Make checks payable to: University of Nebraska Medical Center Department of Anesthesiology
 Send payments to: University of Nebraska Medical Center
 984455 Nebraska Medical Center
 Omaha, NE 68198-4455

Attn: Carol Ern