University of Nebraska Medical Center

Department of Anesthesiology

Perioperative and Critical Care Echocardiography Advanced Training Course - Application 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 you application has been accepted, the appropriate payment for your chosen course is required at least 30 days prior to attending the initial course session.

I. Personal Information

Name:
First _____ MI _____ Last _____

Mailing Address _____

City/State/Zip/Country _____

Home Phone _____ Pager _____

Cell Phone: _____ Email _____

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

II. Professional Information

State License # _____ Exp. Date _____

Medical School _____

Location _____

Degree _____ Graduation Yr. _____

Residency _____ Year(s) _____

Location

Fellowship _____ Year(s) _____

Location _____

III. Current Practice

Practice/Facility Name _____

Department _____

Location _____

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 _____
□ Cardiology □ 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

V. How did you hear about our program?

□ Word of mouth □ Partner □ Internet
□ Mailing □ Professional Society

VI. Registration Fee

$1,000 (refundable up to 30 days *prior* to the starting date of the first session).

VI. Tuition

$13,000 due at least 30 days *prior* to the beginning of each onsite session week (week 1, 2, 3, 4)

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

UNMC Perioperative Echo Courses reserves the right to cancel or change a class at any time, including but not limited to, lack of participation, classroom, equipment or instructor availability.

Send Payments to:
University of Nebraska Medical Center,
Department of Anesthesiology
Attn: Michelle Thomas
986890 Nebraska Medical Center
Omaha, NE 68198-6890

For credit card payments:
Contact Michelle Thomas
michelle.thomas@unmc.edu
402-559-3685