

**Perioperative and Critical Care Echocardiography  
UNMC Echo 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 your 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 Year \_\_\_\_\_

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. Tuition**

UNMC Echocardiography - \$9995

**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 check payable to:

University of Nebraska Medical Center

Please indicate the dates you are attending:

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 payment: **Contact**

**Michelle Thomas**

**michelle.thomas@unmc.edu**

**402.559.3685**

\*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.\*