



APPLICATION FORM
Atrial Fibrillation Ablation Educational Program

Registration form available on-line at <http://www.afibcenter.org/> and www.cmevillage.com

PLEASE PRINT LEGIBLY

First Name: _____ M.I.: _____ Last Name: _____

Credentials: (MD, PhD, etc.): _____ Specialty: _____

Affiliation/Business/Organization: _____

Primary Address: This is: home work

Street: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Do you require special assistance because of a disability, or have any dietary restrictions? If so, please describe:

Birth date (required for tracking CME credits/CEU): _____ / _____ / _____
MM DD YYYY

What do you want to gain from this experience (your personal learning goals)?

Describe your plans, if any, to implement an AF ablation program.

Practice setting (check one):

- Academic
- Private
- Academic affiliation

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Type of practice (check one):

- EP only
- EP and General Cardiology
- General Cardiology
- Other: Comment: _____

How many years outside of fellowship? _____

Estimated total number of ablations/year that you perform: _____

CHECK ALL THAT APPLY AND GIVE THE PERCENTAGE:

- | | |
|--|------------------|
| <input type="checkbox"/> AF (fib) | Percentage _____ |
| <input type="checkbox"/> AFL (flutter) | Percentage _____ |
| <input type="checkbox"/> AV Junction | Percentage _____ |
| <input type="checkbox"/> SVT | Percentage _____ |
| <input type="checkbox"/> VT | Percentage _____ |

If you currently perform AF ablations, what is your average procedure time? _____
Fluoro time? _____

Do you have transseptal experience? No _____ Yes _____ If yes,...

How many years have you been performing transseptal procedures? _____

How many transseptal procedures do you currently perform per year? _____

Which advanced mapping systems do you have:

- CARTO
- EnSite
- RPM
- None

For what percent of your AF ablation procedures do you use one of these systems? _____

Do you refer AF Ablations to other facilities? No _____ Yes _____ ...If yes, how many per year of each type of AF?

Paroxysmal _____

Persistent/permanent _____

If you do not currently perform AF ablations, what barriers are preventing you from doing so?

Date Submitted: _____

*Atrial Fibrillation Ablation Educational Program Description available at www.afibcenter.org and www.cmevillage.com

SEND APPLICATIONS TO:

Jane N. Fruchtnicht, MSN, RN, C
jfruchtnicht@virginia.edu or Fax: 434.982.1415
Office of Continuing Medical Education, P.O. Box 800711
University of Virginia School of Medicine, McKim Hall, Ground Floor, Room 166
Charlottesville, VA 22908-0711
For further information call 434. 924.5318