



**APPLICATION FORM**  
**Atrial Fibrillation Physician Educational Program - Ablation**

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

- AF (fib) \_\_\_\_\_
- AFL (flutter) \_\_\_\_\_
- AV Junction \_\_\_\_\_
- SVT \_\_\_\_\_
- VT \_\_\_\_\_

If you currently perform AF ablations, what is your average procedure 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 Physician Educational Program – Ablation  
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**SEND APPLICATIONS TO:**

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