# Department of Anesthesiology

## Perioperative and Critical Care Echocardiography

### Basic 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

## 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. 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/ICU Trauma
- □ Surgery ___________
- □ Cardiology
- □ Other ___________

### E. Percentage of Cases per Year

<table>
<thead>
<tr>
<th>Cardiothoracic</th>
<th>Pediatrics</th>
<th>OB</th>
<th>OB</th>
<th>Vascular</th>
<th>OB</th>
<th>OB</th>
</tr>
</thead>
<tbody>
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## V. How did you hear about our program?

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

## VI. Tuition

- Basic Echocardiography (non-trainee) - $9995
- Basic Echocardiography (trainee) - $6400

If applying as a trainee, please include verification letter from your program director.

## 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

Send payments to: University of Nebraska Medical Center, Department of Anesthesiology

Attn: Austin Porter

986890 Nebraska Medical Center

Omaha, NE  68198-6890

For credit card payment: Contact: 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.*