**MICROFELLOWSHIP STANDARD TRAINING PROGRAMME– PROGRAMME 2018**

**APPLICATION FORM:**

**For candidates**

**The European Association of**

**Percutaneous Cardiovascular Interventions**

**(EAPCI)**

**A registered branch of the ESC**

**Applicant’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CANDIDATE APPLICATION FOR EAPCI µfellowship standard training programme**

When signed, this form (attached with the annex form from hosting centre) should be submitted to EAPCI (before 9/1/2018)

**1 - Applicant’s details:**

|  |  |
| --- | --- |
| **Family Name** |  |
| **First Name(s)** |  |
| **Sex** |

|  |
| --- |
| Male Female  |

 |
| **Age** |  |
| **Phone number** |  |
| **Email address** |  |
| **EAPCI Membership** | □ Yes I certify that I am a member of EAPCI for the year 2018.□ No, I am not a member of EAPCI for the year 2018. |
| **ESC ID** |  |

**2 – Addresses:**

|  |  |
| --- | --- |
| **Home Address** | **Work address** |
|  |  |

**3 – Identified Host Centre (See Annex)**

**Candidates are encouraged to perform their micro-fellowship in their country of residence or to identify a centre in a country closeby where they currently speak the language and where no permit to work or visa are required.**

|  |  |
| --- | --- |
| **Institution name:** |  |
| **Department:** |  |
| **Postal address** |  |
| **Country** |  |
| **Email address** |  |
| **Phone number** |  |
| **Fax number** |  |
| **Administrative officer name** |  |
| **Email address** |  |

**4 - Name and title of:**

|  |  |
| --- | --- |
| **Head of the above department** |  |
| **Email address** |  |
| **Proposed supervisor (can be the same)** |  |
| **Email address** |  |

**5 - Period for which the µfellowship is requested (4 weeks period starting between February and December 2018)**

|  |  |
| --- | --- |
| **Available date to start the training** |  |
| **Proposed exact date of training (if already discussed with centre)** |  |

**6 – Topics of the Training Project (3 choices maximum to be ranked by preference order: 1st, 2nd and 3rd)**

|  |  |  |
| --- | --- | --- |
|  |  | **FOR INTERNAL USE ONLY** |
| **Topic selected by the candidate** | **□** Intra coronary imaging **□** Fractional flow reserve**□** Bifurcation PCI**□** Radial approach**□** PCI in STEMI / NSTEACS **□** Rotational atherectomy**□** Revascularization of chronic total occlusion**□** Interventions using bioabsorbable scaffolds**□** Transcatheter aortic valve replacement**□** Mitral valve interventions (Mitral valvuloplasty, MitraClip, Novel devices)**□** Left atrial appendage closure**□** Atrial septal interventions |  |  |
| **Level of experience with the selected technology** | **□** No experience **□** Limited experience as a secondary operator. Indicate number of cases performed: ……………………….**□** Limited experience as a primary operator. Indicate number of cases performed: ……………………….Comments: |  |  |
| **Training opportunities in the home institution** | **Please explain in details**  |  |  |

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| --- | --- | --- | --- |
| **Realistic goal to perform procedures with the selected technology after µfellowship** | **Please explain in details** |  |  |

**7 - Applicant's academic record (in chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Institution** | **Degree(s) gained** | **Subject** | **Year of Award** |
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**8 - Postgraduate career including current employment (in chronological order)**

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| --- | --- | --- |
| **Dates** | **Place of Work** | **Positions held** |
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**9 - Present appointment**

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| --- | --- |
| **Employer/source of funding** |  |
| **Tenure** |  |
| **Grade/Status** |  |
| **Date of entry to current grade** |  |
| **Current position** |  |

**10 - Previous training in invasive Cardiology**

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**11 – If any, publications in refereed journals relevant to this application**

*Details of papers may be added, abstracts can be included.*

|  |  |  |  |
| --- | --- | --- | --- |
| **State of journal** | **Title** | **Page Number** | **Co-authors** |
|  |  |  |  |
| **Details of papers in press** |
|  |
| **Abstract** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **State of journal** | **Title** | **Page Number** | **Co-authors** |
|  |  |  |  |
| **Details of papers in press** |
|  |
| **Abstract** |
|  |

**12 – Other µfellowship/award/grant**

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| --- |
| **Details of other awards or grants for which you are currently applying:** |
| **Details of other awards/grants for which you already won:** |

**13 - Languages spoken by the applicant** *(Candidate needs to speak fluently the language of the host country)*

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| --- | --- |
|  | **Level** |
| **English** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **German** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **French** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **Spanish** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **Italian** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **Dutch** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **Other\*:** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |
| **Other\*:** | □ Mother tongue □ Fluent □ Intermediate □ Basic □ Beginner |

**14 - Insurance status (sickness and accident)**

*For sickness and accident – please precise if you benefit from insurance via your future institution or if you subscribed/will subscribe to a private one.*

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**15 - Acceptance and Conditions**

*If my application is successful, I agree to accept the conditions posed by the EAPCI. I certify to have read and understood these terms and conditions.*

***Personal Data Privacy***

*The information collected is subject to a computerised process to record, evaluate and track your µfellowship application. The recipients of the data are:*

*• The staff in charge of processing EAPCI and, the staff in charge of paying the µfellowship monies.*

*• Persons to whom the request will be sent for review and evaluation.*

*In accordance with the French law N°78-17 of January 6, 1978, amended in 2004, relating to the protection of individuals with regard to the processing of personal data, you have a right to access and rectify information concerning you, which you can exercise by contacting:*

*Customer Services*

*European Society of Cardiology*

*Les Templiers, 2035 Route des Colles*

*06903 SOPHIA ANTIPOLIS. FRANCE*

*You can also, for legitimate reasons, oppose the processing of data about you.*

|  |  |
| --- | --- |
| **Signature of Applicant** | **Date** |
|  |  |

**MICROFELLOWSHIP STANDARD TRAINING PROGRAMME– PROGRAMME 2018**

**ANNEX FOR THE HOSTING CENTRE**

**For**

**The European Association of**

**Percutaneous Cardiovascular Interventions**

**(EAPCI)**

**A registered branch of the ESC**

**Applicant’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CENTRE APPLICATION FOR EAPCI µfellowship programme**

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| APPLICANT: Please enter below the name of the Department in which you wish to train during the Microfellowship period and pass this sheet to the appropriate ADMINISTRATIVE OFFICER (e.g. Finance Officer, Registrar, Bursar, Secretary, and Director) of the proposed host institution. When signed, this annex should be attached to µfellowship form of your application for submission to the EAPCI(before 9/1/2018) |

ADMINISTRATIVE OFFICER: the above named candidate is applying for an EAPCI µfellowship programme to be held at:

**1 – Hosting Centre details**

|  |  |
| --- | --- |
| **Institution name:** |  |
| **Department:** |  |
| **Postal address** |  |
| **Country** |  |
| **Email address** |  |
| **Phone number** |  |
| **Fax number** |  |
| **Administrative officer name** |  |
| **Email address** |  |

**2- Centre information**

|  |  |  |
| --- | --- | --- |
| **Eligibility criteria** | **Centre information** | **FOR INTERNAL USE ONLY** |
| Technology chosen by the candidate | **□** Intra coronary imaging **□** Fractional flow reserve**□** Bifurcation PCI**□** Radial approach**□** PCI in STEMI / NSTEACS **□** Rotational atherectomy**□** Revascularization of chronic total occlusion**□** Interventions using bioabsorbable scaffolds**□** Transcatheter aortic valve replacement**□** Mitral valve interventions (Mitral valvuloplasty, MitraClip, Novel devices)**□** Left atrial appendage closure**□** Atrial septal interventions |  |  |
| Extensive experience with the chosen technology | **Please provide figures** |  |  |
| Dedicated mentor has to be identified and linked to each hosted fellow | **□Yes****□ No****Name of the mentor:** |  |  |
| Capable to expose the candidate with high volume during the visit | **Number of procedures to which the candidate is expected to be exposed: …..** |  |  |
| Optical coherence tomography – 20 cases / 4w | **Please provide centre numbers** |  |  |
| Intracoronary Ultrasound – 20 cases / 4w | **Please provide centre numbers** |  |  |
| Fractional flow reserve – 25 cases / 4w | **Please provide centre numbers** |  |  |
| Radial approach – above 80% of cases | **Please provide centre numbers** |  |  |
| Bifurcation PCI – 20 cases / 4w | **Please provide centre numbers** |  |  |
| PCI in STEMI / NSTEACS – 40 cases / 4w | **Please provide centre numbers** |  |  |
| Rotational atherectomy – 15 cases / 4w | **Please provide centre numbers** |  |  |
| Revascularization of chronic total occlusion – 20 cases / 4w | **Please provide centre numbers** |  |  |
| Interventions using bioabsorbable scaffolds – 20 cases / 4w | **Please provide centre numbers** |  |  |
| Transcatheter aortic valve replacement – 30 cases / 4w | **Please provide centre numbers** |  |  |
| Mitral valvuloplasty/MitraClip/novel devices – 5/15 cases / 4w | **Please provide centre numbers** |  |  |
| Left atrial appendage closure – 15 cases / 4w | **Please provide centre numbers** |  |  |
| Atrial septal interventions – 15 cases / 4w | **Please provide centre numbers** |  |  |
| OPTIONAL: Mentor has to be capable to offer one-time proctoring after the visit | **□ Yes****□ No** |  |  |

1. **Description of the content/organisation of the 4 weeks programme**

Requirements

During the 4 weeks visit, the hosting centre should provide

* Extensive theoretical education about the indicated technology (min. 4x60 mins)
* Observational experience with live procedures in the indicated volume
* Extensive expertise sharing based on case-review sessions (min. 4x60 mins)
* Possibility of hands-on simulator experience (eventually provided by the sponsor) is welcome, but not mandatory
* Hands-on live case experience is NOT included

Description

1. **Expected deliverables (to be submitted to EAPCI at the end of the 4 week period)**

Please note that the expected deliverables should be submitted to EAPCI at the end of the 4 week period

* Daily log about activity
* Evaluation form about training quality
* Final report is mandatory

**5 - Acceptance & Conditions**

The centre is responsible for the set up of the legal framework of the fellow in accordance with local regulations and the fellow will be subject to the terms of employment of its host institution.

I confirm that I have read and understood the Rules for the EAPCI Microfellowship Programme (PDF available online in the next days) for interventional cardiology and that, if an appointment is made, the fellow would be accepted in the Department in connection with the agreement to be arranged with him.

I confirm that the department will be in a position:

* To set up contract (employment, training) with the recipient
* To meet any expenditure related to the training programme exceeding the amount provided by the ESC

The centre will receive 3000 Euros for 4 weeks from the EAPCI to cover administrative and training expenses.

Please indicate whether health insurance (sickness and accident) is:

* Provided by the host centre
* Taken out by the applicant on his/her own discretion and obligation

**Please indicate the status of the candidate during his/her training period**

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| --- |
|  |

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**Signature of Head of Department: Date:**

**Signature of Supervisor: Date:**

**Signature of Administrator: Date:**