

**EHRA LEVEL 2 CERTIFICATION: CP LOGBOOK**  
**High energy devices (ICDs/CRT-D): List of follow ups**

<b>Please fill in the required fields:</b>	
- <b>Candidate name &amp; surname:</b>	
- <b>Supervisor:</b>	
- <b>Center, City, Country:</b>	
- <b>Director of Cardiology department:</b>	
<b>Instructions:</b>	
<p><b>Kindly note logbooks will be checked by ESC Certification Office and will be sent to EHRA graders only if correctly completed according to the instructions.</b></p> <ul style="list-style-type: none"> <li>- Please indicate 100 follow-ups of high energy devices (ICDs/CRT-D) performed as first operator.</li> <li>- Candidates should keep a final report of each follow-up (printout or electronic format) to be submitted additionally if requested.</li> <li>- Follow-up date: must be filled in chronological order starting from the oldest. All submitted procedures must have been performed in a 3-year time period, starting from 3 years before to 3 years after the exam.</li> <li>- Patients' initials: Candidates should include only patient's initials and not his/her full name.</li> <li>- Patient Hosp record #: Hospital record number pertaining to the respective patient.</li> <li>- Device type: indicate if SC-ICD (single-chamber ICD), DC-ICD (dual-chamber ICD), or CRT-D (biventricular defibrillator).</li> <li>- Comments: please report any additional information needed.</li> </ul>	

#	Follow-up date	Patients' initials	Patient Hosp record#	Device type	Comments
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<b>You may add more procedures than the 100 requested, but no more than 10 extra cases.</b>					
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