



CARDIOVASCULAR MEDICINE FELLOWSHIP PROCEDURE TRACKING FORM

Please complete and return this form to **Staci Leitner, Fellowship Coordinator**, on a bi-annual basis (December and June). Please provide cumulative numbers. Procedures with a * require documentation of patient name, MR number, and date performed. You may attach documentation of procedures to the back of this cover sheet.

BLS/ACLS CERTIFICATION:

Date of Original Certification: _____

Expiration: _____

CARDIOVASCULAR PROCEDURES:

PROCEDURE	TIME PERIOD	ACGME MINIMUM	# PERFORMED (Cumulative)
Elective cardioversion*			
Tilt table testing*			
ECG interpretation		3,500 ECG's	
Ambulatory ECG recording (Holter) interpretation		75 Holters	
Programming and follow-up surveillance of PPM and AICD			
Left heart catheterization including coronary arteriography*		100 catheterizations	
Exercise stress testing		50 studies	
Transthoracic echocardiograms (perform* & interpret)		150 studies (TTE and TEE combined)	
Transesophageal echocardiograms* (perform & interpret)			
Radionuclide study interpretation			
Pericardiocentesis*			

Intracardiac EP study*			
IABP placement*			
PTCA and interventional procedures*			
PPM implantation*			
AICD implantation*			
Transvenous pacemaker insertion*			
Other Procedure 1			
Other Procedure 2			
Other Procedure 3			
Other Procedure 4			

I certify that I have completed the procedures listed above under appropriate supervision.

Name of Fellow: _____

Signature: _____

Date: _____