Quality Trainee Application Form

Please complete bulleted items below, email required pdf forms separately, and select ‘submit’ once application is complete.

- **Required Documentation**
  - Name ____________________________________________________
  - Phone Number _____________________________________________
  - Email _____________________________________________________
  - Training Program ___________________________________________
  - PGY Year in Training _________________________________________

- **Personal Statement**
  - In 100 words or less, describe career goals and reasons why participation in the Quality Fellowship in Training Program will support the trainee applicant to achieve those goals. What does the trainee applicant hope to gain from participation in the program?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Area(s) of Interest
- Please select one or more (maximum three selections) areas of interest (Rank 1, 2, 3)
  - Clinical Research
  - Outcomes Research
  - Cost and Comparative Effectiveness
  - Health Equity
  - Quality and Process Improvement
  - Specific Vascular Disease

- Of Specific Vascular Disease, please select one or more (maximum three selections) areas of interest (Rank 1, 2, 3)
  - Venous
  - Aortic
  - Carotid Artery Disease
  - Hemodialysis
  - Lower Extremity Occlusive Disease
  - Amputation

- In 50 words or less, what is the Research question or Quality Improvement problem that you hope to address during the Quality Fellow in Training program?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
- Which VQI registry(s) does your center participate in? Check all that apply.
  - CAS
  - CEA
  - PVI
  - OAAA
  - INFRA
  - SUPRA
  - AV ACCESS
  - AMP
  - IVC
  - TEVAR
  - EVAR
  - VV
  - VUR
  - VSR
  - VMC
  - Unsure

- Which VQI registry(s) might you use for your Quality Fellow in Training project? Check any/all that apply. (Trainee and Mentor both must participate in the desired registry of interest)
  - CAS
  - CEA
  - PVI
  - OAAA
  - INFRA
  - SUPRA
  - AV ACCESS
  - AMP
  - IVC
  - TEVAR
  - EVAR
• Mentor Information
  ▪ Mentors are preferred but not required to be at the same center as the trainee. Please select one from the following list and complete the information.

  o Identified Mentor at same location
    ▪ Mentor Name
    ▪ Mentor Email
    ▪ Location/Center
  o Identified Mentor at Different Location
    ▪ Mentor Name
    ▪ Mentor Email
    ▪ Location/Center
  o No Mentor Identified
The following information will be used for DEI internal use only and has no effect on the application process.

- **Demographics**
  - Race (Check all that apply)
    - White
    - Asian/Asian Indian
    - Hispanic, Latinx or Spanish
    - Middle Eastern or North African
    - Decline to respond
    - Black/African American
    - Other (Prefer to Self-Describe)
    - American Indian or Alaska Native
    - Native Hawaiian or Other Pacific Islander
    - Prefer Not to Disclose
  - Ethnicity
    - Hispanic/Latino
      - Yes
      - No
    - Prefer Not to Disclose
    - Prefer to Self-Describe
  - Birth Sex
    - Female
    - Male
    - Non-Binary
    - Prefer Not to Disclose
    - Prefer to Self-Describe
• **Requested/Required deliverables**
  
  o Please email the following items in PDF format to bwymer@svspso.org
    - CV
    - Two Letters of Reference
    - ‘Good Standing’ Attestation by Program Director

For any questions, please feel to contact GLemmon@svspso.org or bwymer@svspso.org.