

## 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?

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- **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?

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- 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

- VV
- VUR
- VSR
- VMC
- Undecided

- **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.

- Identified Mentor at same location
  - Mentor Name
  - Mentor Email
  - Location/Center
- Identified Mentor at Different Location
  - Mentor Name
  - Mentor Email
  - Location/Center
- 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**

- Please email the following items in PDF format to [bwymmer@svspsso.org](mailto:bwymmer@svspsso.org)
  - CV
  - Two Letters of Reference
  - 'Good Standing' Attestation by Program Director

For any questions, please feel to contact [Glemmon@svspsso.org](mailto:Glemmon@svspsso.org) or [bwymmer@svspsso.org](mailto:bwymmer@svspsso.org).