



## PHYSICIANS-IN-TRAINING ELIGIBILITY VERIFICATION

**VIVA and The VEINS at VIVA are excited to invite qualifying fellows and residents to register for this year's conferences!**

Once again, a limited number of scholarships are available to cover registration fees, hotel, and airfare for physicians in training. Additional details are available at [www.vivaphysicians.org](http://www.vivaphysicians.org). The process is as follows:

1. Complete this form, including the signature of your program director.
2. Register as a **Face-Off Physician in Training** by visiting [vivaphysicians.org/register](http://vivaphysicians.org/register) and uploading this form.
3. We will process your registration after June 1 and send you confirmation materials, including instructions and requirements for scholarship applications.

To apply for a scholarship, you must be in a qualifying program in 2019 and must meet the Face-Off deadlines and requirements (eg, submitting your PowerPoint presentation on the correct template). Requirements are listed at <https://vivaphysicians.org/physicians-in-training>.

Important Dates:	August 28	Registration deadline; notifications of acceptance into competition
	September 11	Scholarship application and presentation due
	September 18	Scholarships awarded
	September 28	Travel must be finalized

**Unfortunately, missed deadlines disqualify you from the scholarship program and the physician tuition rate will be charged.**

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### PLEASE PRINT LEGIBLY

NAME: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NPI #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

Interventional Cardiology     Interventional Radiology     Vascular Surgery     Vascular Medicine

Fellow     Resident    Program Year (eg, PGY3): \_\_\_\_\_

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### To be completed by your current program director:

During the 2019 calendar year, I certify that the physician listed above is in or has recently completed the fellows/resident program at \_\_\_\_\_ in the \_\_\_\_\_ department. I understand that he/she will be considered a fellow/resident for registration and competition purposes during the annual **VIVA** and **VEINS** conferences.

DIRECTOR NAME (print): \_\_\_\_\_ EMAIL: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Upload this completed form via the registration page on [www.vivaphysicians.org/register](http://www.vivaphysicians.org/register).  
For additional information or clarification, please contact Christopher Ebbe at [cebbe@vivaphysicians.org](mailto:cebbe@vivaphysicians.org)**