

Sponsoring Institution Registration Form  
for **Cardiology**

1. Date of application

2. Location of sponsoring institution

Name

Address:

Phone:

3. Program Supervisor' name, title and email

(The Program Supervisor must be an active AiCVIM Diplomate)

Name:

Title:

Email:

4. Please indicate the availability of the following facilities or equipment to be used in resident training.

	Available?	On- or Off-site?
Standard radiological equipment		
Ultrasonographic equipment		
Color flow/Doppler equipment		
Fluoroscopy equipment for interventional radiographic procedures		
Clinical Pathology capabilities (CBC, chemistry, blood gases, urinalysis, cytology)		

Blood Pressure Measurement		
Computed Tomography		
Magnetic Resonance Imaging		
Electrocardiography		
Holter ECG		
Intracardiac electrophysiology		
Intensive Care Facility		
ER service -24 hours		
Nuclear medicine		