



The Global Education Course for Vascular Medicine and Intervention
NOVEMBER 5-8, 2018 • WYNN LAS VEGAS

PHYSICIANS-IN-TRAINING ELIGIBILITY VERIFICATION

VIVA Physicians is a not-for-profit organization dedicated to educating physicians in the field of endovascular management of peripheral vascular disease. As such, we offer opportunities for qualifying physicians-in-training to attend the **VIVA (Vascular InterVentional Advances)** conference. **VIVA**, now in its 16th year, offers 4 days of presentations, including specific sessions to address your needs as you begin your career as an interventionalist.

To begin, complete this form and upload it to the registration site at www.vivaphysicians.org. You will register as a Face Off Physician-in-Training. Once this form is received and approved, you will receive additional information. A limited number of scholarships are available, which will cover your registration, travel and lodging fees. To apply for a scholarship, you must be engaged in a qualifying physician-in-training program in 2018 and must meet the deadlines and requirements for submitting a PowerPoint presentation for inclusion in the *Face-Off Competition*.

Important Dates:	September 16	Registration deadline; notifications of acceptance into competition
	September 23	Scholarship application and presentation due
	September 30	Scholarships awarded
	October 7	Travel must be finalized

If your presentation is not submitted in the required format by September 23, you will not be able to participate in the Face-Off, but you may attend VIVA at the physician tuition rate.

PLEASE PRINT LEGIBLY

NAME: _____ ☐ FELLOW ☐ RESIDENT

EMAIL: _____ NPI #: _____

INSTITUTION: _____

CURRENT PROGRAM/YEAR: _____
Program Specialty Program Year (ie, PGY3)

MOBILE NUMBER: _____

To be completed by your current program director:

During the 2018 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** conference, which will be held November 5-8, 2018 at Wynn Las Vegas in Las Vegas, Nevada.

DIRECTOR NAME (print): _____ EMAIL: _____

INSTITUTION: _____

DIRECTOR SIGNATURE: _____ DATE: _____

Upload this completed form via the registration page on www.vivaphysicians.org.
For additional information or clarification, please contact Christopher Ebbe at cebbe@vivaphysicians.org