

**APPLICATION FOR
CARDIOVASCULAR SURGERY SERVICE**

Reply to:

HOSPITAL NAME

1. Name, experience or board eligibility or certification status of physician responsible for the catheterization laboratory:

2. Name, board eligibility or certification status, and training or experience of the radiologist(s) available to the service:

3. Number of persons assisting during cardiac catheterization procedures: _____

4. Names, disciplines, training and experience, (i.e., RN's or cardiovascular technicians, etc.) of personnel who assist during catheterization procedures:

5. Name and address of biomedical engineer consultant: _____

6. Name and board eligibility or certification status of physician responsible for cardiovascular surgery:

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7. Number of surgeons constituting the team for performance of cardiovascular procedures requiring extracorporeal bypass:

8. Names and board eligibility or certification status of the surgical team surgeons:

9. Names and board eligibility or certification status of anesthesiologists available to the service:

10. Number of cardiac catheterizations performed annually: _____

11. Number of cardiovascular procedures requiring extracorporeal bypass performed annually: _____

12. Does the hospital have an intensive care service with respiratory care capabilities? YES NO

13. Mortality (within 24 hours of catheterization or surgery):

Catheterization: Over age 1 year: _____

Under age 1 year: _____

Surgery: Over age 1 year: _____

Under age 1 year: _____