



American College of PHLEBOLOGY

ACP Phlebology Trainer Registration Form

PLEASE COMPLETE ALL SECTIONS

ACP Members may be listed in the training database for a fee of \$500.

WEBSITE LISTING INFORMATION

Trainer Name: _____

Company Name: _____

TRAINING CENTER LOCATION

Street Address _____

City: _____ State: _____ ZIP Code: _____

Phone: () _____ Fax: () _____

Email: _____

Website URL: http:// _____

DESCRIPTION FIELDS

Do you charge a fee for your training services? Yes No

In what year did you begin conducting phlebology training? _____

In what year did you join the ACP? _____

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Select the categories in which you offer phlebology training.

Ambulatory Phlebectomy

Cutaneous Laser/IPL

Deep Vein Thrombosis & Stenting

Diagnostic Ultrasound

Endovenous Thermal Ablation

Lymphatic Diseases

Saphenous Phlebectomy/Stripping

Ultrasound Guided Sclerotherapy

Venous Malformation

Visual Sclerotherapy

Other Technique(s)

