



Contact Information

Please type of print clearly.

First, Mid and Last Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email (Required): _____

Phone: _____ Fax: _____

Medical License Number, State & Expiration Date _____

Medical School: _____ Residency: _____

Board Certified: Yes No Certification: _____ Recertification Date: _____

Has your license to practice in any jurisdiction been revoked, suspended or subject to limitation or supervision: Yes No

Have you ever been convicted of a felony: Yes No

Please check the appropriate boxes below for the training you are interested in providing:

Endovenous Ablation	Sclerotherapy	Phlebectomy	Perforator Ablation	Deep Tissue Treatment	Other
<input type="checkbox"/> Laser	<input type="checkbox"/> Liquid	<input type="checkbox"/> Ambulatory (micro)	<input type="checkbox"/> Laser	<input type="checkbox"/> Venography	<input type="checkbox"/> Advanced Diagnostic Imaging
<input type="checkbox"/> RF	<input type="checkbox"/> Foam	<input type="checkbox"/> Trans-illuminated	<input type="checkbox"/> RF	<input type="checkbox"/> Intravascular Ultrasound	<input type="checkbox"/> Other procedures(s) Please list separately
<input type="checkbox"/> Foam	<input type="checkbox"/> Visual		<input type="checkbox"/> Foam	<input type="checkbox"/> Venous Angioplasty	
	<input type="checkbox"/> Ultrasound-Guided		<input type="checkbox"/> SEPS	<input type="checkbox"/> Treatment of DVT	

Training will be performed in: Office Ambulatory/Outpatient Hospital

Other Information Required with Application

Submit this form with explanations for the following items in a separate Word or PDF document:

1. Please provide a list and copy of certificates of phlebology CME in the last three years (must have a minimum of 50 credits).
2. Training experience provided in the last three years at own facility
3. Training experience provided in the last three years at outside course or meeting

I declare under penalty of perjury under the laws of the State of California that the above information and all attachments are true and correct. I understand and agree that with the exception of home phone and cell phone, the American College of Phlebology may publish on its website or in other Program-related materials any of the above information about me, including but not limited to whether I have been convicted of a felony, any potential conflicts of interest, my email address, and whether my license has been revoked.