



ACTA Fellowship Program Information

for posting to the SCA website

The SCA believes that excellence in clinical care, education, and research in cardiothoracic anesthesia is best achieved by standardization of the training in the sub-specialty. In 2006, the Adult Cardiothoracic Anesthesiology (ACTA) sub-specialty became ACGME-accredited.

To have information on your ACGME fellowship program posted to the SCA’s Fellowship Program webpage, please provide the details requested below. Non-ACGME-accredited programs are welcome to also submit their information.

Please return this form to/direct questions or comments to:

SCA Operations Department
operations@scahq.org

Please allow 10 business days for initial posting or changes.

INSTITUTIONAL INFORMATION

Institution Name

Address 1

Address 2

City

State

Zip

Country

Phone

Fax

Website

ACGME Accredited Program: Yes/No

Participates in SF Match: Yes/No

FELLOWSHIP DIRECTOR, CHAIR, and COORDINATOR INFORMATION

Department Chair Name

Department Chair Email

ACTA Fellowship Director Name

ACTA Fellowship Director Email (*for publication*)

Program Coordinator Name

Program Coordinator Email

INSTITUTIONAL STATISTICS / INFORMATION

Total Number of Procedures

Number of off-CPB Cardiac Procedures

Distribution of Cases/Number of CPB Procedures

Number of Non-Cardiac Thoracic Procedures

Number of Cardiac Procedures

Number of Heart, Lung and Heart/Lung Transplants

Number of Major Vascular Procedures

Operating Equipment Available

PROGRAM INFORMATION

Number of Fellows Completing Training in Previous 5 Years

Number of Positions Available

Clinical/Basic Research Positions Available: YES/NO

Clinical/Clinical Research Positions Available: YES/NO

Clinical Research Only Positions Available: YES/NO

Basic Research Only Positions Available: YES/NO

Fellow Annual Salary

Does your program provide fellows with the opportunity to attend national or local conferences? If yes, please describe.

Overall comments about your program.

ACADEMIC FELLOW ACTIVITIES

In the previous 5 years, please list the number of fellows who were 1st or 2nd authors in the following categories.

Abstracts

Book Chapters

Peer-Reviewed Journal Articles:

Other Publications

QI Projects

Please list the name of the individual we may contact should we have questions regarding the information provided on this form.

Name:

Email Address:

Phone:

PLEASE RETURN THIS FORM TO

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