**INVITED APPLICATION**

□**VAS Reference Centre of Excellence** in Angiology/Vascular Medicine

Centre/Unit: ……......................................................................................................

……………………………………………………………………………………...

Address: ………………………………………………..

………………………………………………………………………………………….

Town: ……………………………Country: ………………………………………….

Phone: …………………………………………..

e-mail: …………………………………..…………………………..

Web site:

**Has your Country a Specialty in Angiology/Vascular Medicine?** NO □ YES .□

Organisation

□ Common Trunk: In which specialty/ies?\_\_Internal Medicine / Cardiology\_\_\_\_\_\_\_\_\_\_

How many years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ How many years in Angiology/Vascular Medicine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Independent \_\_\_\_\_\_\_\_\_\_ How many years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other

1. **Your Centre:**

Public Hospital □ University Hospital □ Research Centre □ Laboratory □

Private Hospital □ Private Clinic □ Private Surgery □ Other

1. **Teaching activities**

 …- Lessons for resident and fellows …………… -

 …- Case report session……………………………………………………….

 …- Cases complex session…………………………………………………………….

 … - Meetings with specialist in Clinical cardiology, hemodinamist, interventional cardiologist and vascular surgeon ……………………………………………………………….

 …- Supervised consultation…………………

1. **Report one/two “excellences” of your facility/expertise**

 ………………………………………………………………….

………………………………………………………………….

 ………………………………………………………………….

1. **Number of UEMS European Diploma in Angiology/Vascular Medicine Holders**

**on your Team:**

Names:

………………………………………………………………….

………………………………………………………………….

………………………………………………………………….

………………………………………………………………….

1. **What Role/s do you already hold in VAS?**

…………………………………………………………………………………………………………………………………………………………………………..

 **Have you any proposals for your new involvement?**

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1. **How Many Doctors in Your Team are VAS Members?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Have you already applied obtained the VAS European Fellowship of Excellence (EFE-VAS)?**

<http://www.vas-int.net/education-programmes/european-fellowships-in-a-vm.html>

 YES □ NO □

Are you interested? YES □ NO □

Would your colleagues be interested? YES □ NO □

Names : …………………………………………………………………………………………

1. **Have any Doctors in your Team followed VAS Courses (including Academic ones)?**

YES □ NO □

If yes Specify

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Have any Doctors on your Team applied for the VAS European Training Fellowship (ETF-VAS)?** <http://www.vas-int.net/education-programmes/european-fellowships-in-a-vm.html>

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Is your Centre already involved in the “PAD and Vascular European Days”?**

 YES □ NO □

 If Not, would you be interested in taking part? YES □ NO □

1. **Do you have a Patients’ Organisation/Group?** YES □ NO□

 Are you interested in the “**VAS European Vascular Patients Network”?**

 YES □ NO □

1. **Are there any Nurses on your Team interested in European Collaboration?**

 YES □ NO □

1. **Notes/Suggestions**

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