



PHYSICIANS-IN-TRAINING ELIGIBILITY VERIFICATION

VIVA and The VEINS at VIVA are excited to invite qualifying fellows and residents to register for this year's conferences!

Once again, a limited number of scholarships are available to cover registration fees, hotel, and airfare for physicians in training. Additional details are available at www.viva-foundation.org. The process is as follows:

1. Complete this form, including the signature of your program director.
2. Register as a **US Physician in Training (Face-Off)** by visiting viva-foundation.org/register and uploading this form.
3. We will process your registration after June 20 and send you confirmation materials, including instructions and requirements for scholarship applications.

To apply for a scholarship, you must be in a qualifying program in 2022 and must meet the Face-Off deadlines and requirements. Requirements are listed at viva-foundation.org/physicians-in-training.

Important Dates:	August 2	Registration deadline
	August 18	Scholarship application and presentation due on correct PowerPoint template
	August 29	Scholarships awarded
	September 7	Travel must be finalized through our travel provider

Unfortunately, missed deadlines disqualify you from the scholarship program and the physician tuition rate will be charged.

PLEASE PRINT LEGIBLY

NAME: _____ MOBILE NUMBER: _____

EMAIL: _____ NPI #: _____

INSTITUTION: _____

Interventional Cardiology Interventional Radiology Vascular Surgery Vascular Medicine

Note: diagnostic radiology and general surgery fellows are not permitted to enter the scholarship program

Fellow Resident Program Year (eg, PG-Y3): _____

To be completed by your current program director:

I certify that the physician listed above is in or has completed the fellows/resident program in 2022. I understand that he/she will be considered a fellow/resident for registration and competition purposes during the annual **VIVA / VEINS** conferences and will be available to attend VIVA (October 31-November 3) and/or The VEINS plus VIVA (October 30-November 3).

DIRECTOR NAME (print): _____ EMAIL: _____

INSTITUTION: _____

DIRECTOR SIGNATURE: _____ DATE: _____

**Upload this completed form via the registration page on www.viva-foundation.org/register.
For additional information or clarification, please contact Christopher Ebbe at cebbe@viva-foundation.org**