



PHYSICIANS-IN-TRAINING ELIGIBILITY VERIFICATION FORM

VIVA and The VEINS 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** by visiting viva-foundation.org/register and uploading this form.
3. We will process your registration after July 1 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 2025 and must meet the Face-Off / Poster Presentation deadlines and requirements. Requirements are listed at viva-foundation.org/physicians-in-training.

Important Dates:	July 9	Portal opens for presentation and scholarship submissions
	August 1	Registration deadline (Register early, as scholarship slots are limited)
	August 19	Scholarship application, presentation on correct PPT template and VEINS poster due
	August 28	Scholarships awarded
	September 8	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 consider this before committing to attend.

PLEASE PRINT LEGIBLY

NAME: _____ MOBILE NUMBER: _____

EMAIL: _____ ☐ VIVA ☐ The VEINS ☐ Both

INSTITUTION: _____

☐ Interventional Cardiology ☐ Interventional Radiology ☐ Vascular Surgery ☐ Vascular Medicine

Diagnostic radiology and general surgery fellows are not permitted to enter the scholarship program. Cases must be endovascular or medical management of PVD, venous disease, or any disease state covered on the agenda. Fully open procedures will be returned to you.

☐ 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 fellowship/residency in 2025. I understand that he/she will be considered a trainee for registration and competition purposes during the annual **VIVA / VEINS** conferences and will be available to attend the entirety of the conference they have chosen:

The VEINS: November 1 - 2

VIVA: November 2 - 5

Both The VEINS and VIVA: November 1 - 5

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**