



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!

There are a limited number of scholarships 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 signed form.
3. We will process your registration and send you confirmation materials, including instructions and requirements for scholarship applications and Face-Off presentations.

To apply for a scholarship, you must be in a qualifying program in 2026 and must meet the Face-Off / Poster Presentation deadlines and requirements. Requirements are listed at viva-foundation.org/physicians-in-training.

Important Dates:	Rolling basis	Applicants will receive the scholarship application after registration is complete.
	July 24	Registration deadline (Register early, as scholarship slots are limited)
	July 30	Scholarship application, presentation on correct PPT template and VEINS poster due
	August 17	Scholarships awarded
	August 28	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: _____ 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 above is in or has completed fellowship/residency in 2026 and is considered a trainee.

I certify the physician above is available to attend the **entirety** of the conference they have chosen:

The VEINS: October 3 - 4 **VIVA:** October 4 - 7 **Both The VEINS and VIVA:** October 3 - 7

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 Denise Casey at dcasey@viva-foundation.org