**Neonatal Hemodynamics Research Center**

**Individual Application Form**

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| --- | --- |
| Date |  |
| Name (First, Middle Initial, Last) |  |
| Current Institution (Name, Location) |  |
| Current academic rank (fellow, assistant professor, etc) |  |
| Have you completed Neonatology Fellowship Training? | Yes  No  Date training completed: |
| Have you completed formal training in Neonatal Hemodynamics (TnECHO /TNE/NPE)? | Yes  No  If yes,  Program (Name, Location):  Program Director:  Year of completion (actual or anticipated): |
| Are you currently involved/working in a clinical Neonatal Hemodynamics program (performing TnECHO/TNE/ NPE evaluations as a consulting service)? | Yes  No  If yes, approximately how many consultations do you perform per month: |
| Are you currently supervising any Hemodynamics fellows that may be interested in participating in the NHRC? | Yes  No  If yes, please list their names and contact information: |
| Are you currently involved in research pertaining to Neonatal Hemodynamics? | Yes  No |
| Have you published in the area of Neonatal Hemodynamics | Yes  No  If yes, are any of these first or senior author publications  Yes  No |
| Have you received grant funding for research | Yes  No  If yes, is/was the funded project related to neonatal hemodynamics  Yes  No |
| Are you interested in information related to applying as a center | Yes  No |

**Please submit this form and a CV via email to** [neonatalhemodynamics@gmail.com](mailto:neonatalhemodynamics@gmail.com)