

Neonatal Hemodynamics Research Center

Individual Application Form

Date	
Name (First, Middle Initial, Last)	
Current Institution (Name, Location)	
Current academic rank (fellow, assistant professor, etc)	
Have you completed Neonatology Fellowship Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date training completed:
Have you completed formal training in Neonatal Hemodynamics (TnECHO /TNE/NPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their names and contact information:
Are you currently involved in research pertaining to Neonatal Hemodynamics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you published in the area of Neonatal Hemodynamics	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are any of these first or senior author publications <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received grant funding for research	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is/was the funded project related to neonatal hemodynamics <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in information related to applying as a center	<input type="checkbox"/> Yes <input type="checkbox"/> No

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