



National Heart Failure Training Program PARTICIPATION APPLICATION

Once your application is received and reviewed, you will be contacted to discuss enrolling in the National Heart Failure Training Program. We will make every effort to accommodate your request for host site and time frame. However, scheduling is based on site availability and suitability.

Please complete the following (*Please print or type*):

Physician's Name: _____

Title: _____

Hospital/institution name: _____

Mailing address: _____

Telephone #: _____ Fax #: _____

Contact name for scheduling information: _____ Telephone #: _____

E-mail address: _____

Please list **names and email addresses** of other healthcare providers that will be attending with you.

Name	Suffix	Title	Email Information

List two sites you are interested in attending.	
1)	
2)	

Please list 3-6 dates your schedule would allow you to attend.	
1)	4)
2)	5)
3)	6)

Please check all that apply to your team

Medical Specialty

- ___ Cardiology
- ___ Internal Medicine
- ___ Family Medicine
- ___ Geriatrics
- ___ Residency
- ___ Administration
- ___ Behavioral health
- ___ Nurse/ Nurse Practitioner
- ___ Nutrition/ Dietetics
- ___ Science/ Research
- ___ Sales

Setting

- ___ Emergency
- ___ Outpatient
- ___ Hospital
- ___ Home Health
- ___ Nursing Home
- ___ Skilled Nursing Facility
- ___ Hospice
- ___ Academic
- ___ Device Industry
- ___ Pharmaceutical Industry

Group

- ___ Solo
- ___ Group Practice
- ___ Health System
- ___ Medical Team
- ___ Hospital
- ___ Other (describe)

Didactic Sessions:

Please rank the top 7 topics listed below in order of interest with **1** being the **highest interest**.

Cardiology Core	Primary Care Core	Allied Health
___ Pharmacologic Therapy for the Cardiologist	___ Overview of HF	___ Overview of HF
___ Managing Changes in the HF Patient	___ Pathophysiology of HF	___ Clinical HF Assessment for Nurses
___ Advances in HF Management	___ Differential Diagnosis of HF	___ Approaches to Pharmacologic Therapy for HF
___ Arrhythmias and Sudden Cardiac Death in HF	___ Quality and Published Guidelines	___ Quality and Published Guidelines
___ Setting up a HF Program	___ Approaches to Pharmacologic Therapy for HF	___ Physician-Nurse-Patient Communication
___ Economics of HF	___ Medication Management of HF	___ Medication Management of HF
	___ Patient Adherence to Treatment	___ Self-Care Management
		___ End of Life/Palliative Care of HF

Electives		
___ Cardiac Devices for HF	___ Echocardiography in HF	___ Pulmonary Arterial Hypertension: Diagnosis
___ Cardiac Transplantation Evaluation and Candidacy	___ Exercise Testing and Conditioning	___ Pulmonary Arterial Hypertension: Treatment
___ Co-Morbidities of HF	___ Facilitating Change	___ Research Opportunities in HF
___ Depression and HF	___ Management of HF with Preserved LVEF	___ The Role of the HF Advocate
___ Diabetes and HF: Diagnosis	___ Management of the Patient with HF and Chronic Kidney Disease	___ Sleep Apnea and HF: Diagnosis
___ Diabetes and HF: Treatment	___ Psychosocial and Quality of Life Issues in HF Care	___ Sleep Apnea and HF: Treatment
___ Discharge Planning	___ Pulmonary Arterial Hypertension: Diagnosis	___ Surgical Interventions in End Stage HF
___ Disease Management for HF: Overview		
___ Disease Management for HF: Telehealth		

Preceptorship Session

For the preceptorship portion of the program, please rank the following activities in order of preference in which 1 represents **highest interest**.

- | | |
|--|---|
| _____ Apply CMS guidelines for patient education during clinical encounters | _____ Implement strategies for optimizing outpatient coding for billing purposes |
| _____ Assess inpatient and outpatient HF care paths | _____ Interpret a cardiopulmonary test in the light of prognosis |
| _____ Assess volume status in HF patients | _____ Interpret an echocardiogram report of left ventricular dysfunction |
| _____ Describe components of stress test | _____ Make appropriate modifications to treatment plan in response to changes in HF patient |
| _____ Describe plan to manage medication side effects | _____ Outline patient follow-up management plan |
| _____ Design a pharmacologic regimen, including up-titration | _____ Prescribe, test and monitor exercise conditioning |
| _____ Determine functional status in physical exam | _____ Recognize factors related to appropriate referral for HF tertiary care |
| _____ Determine the general status of cardiac output by the physical examination | _____ Recognize the markers of poor outcomes in patients with HF |
| _____ Explore benefits of participating in research in a practice setting | _____ Select and interpret appropriate diagnostics |
| _____ Identify effective elements of patient-nurse communication | _____ Select optimal non-pharmacologic therapy |
| _____ Identify effective elements of patient-physician communication | _____ Select quality tools to document in patient's record |
| _____ Identify referral sources for medication assistance | _____ Utilize palliative and end of life care to assist with end stage HF patients |

What do you hope to achieve by participating in the N-HeFT program. (Please print or type):

The N-HeFT Program is for educational purposes only. Participants will hold all information as confidential, especially as to the preceptorship portion and involvement in the treatment of patients. Participants assume any risk associated with participation in the N-HeFT Program. Participants do not receive an honorarium for the N-HeFT Program. Participants are responsible for all expenses such as travel and lodging to and from the host site city.

Signature of applicant

Date

Thank you for your interest in this program. Please mail or fax this completed application to:

**National Heart Failure Training Program
 Louis Stokes VA Medical Center
 10701 East Blvd 151 (W)
 Cleveland, OH 44106
 Telephone: (216) 791-3800 Ext. 6038
 Fax: (216) 231-3427
 E-mail: nheft@case.edu**



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