



## ACTA Fellowship Program Information

*for posting to the SCA website*

The SCA believes that excellence in clinical care, education, and research in cardiothoracic anesthesia is best achieved by standardization of the training in the sub-specialty. In 2006, the Adult Cardiothoracic Anesthesiology (ACTA) sub-specialty became ACGME-accredited.

To have information on your ACGME fellowship program posted to the SCA's Fellowship Program webpage, please provide the details requested below. Non-ACGME-accredited programs are welcome to also submit their information.

Please return this form to/direct questions or comments to:

SCA Operations Department  
[operations@scahq.org](mailto:operations@scahq.org)

Please allow 10 business days for initial posting or changes.

### INSTITUTIONAL INFORMATION

Institution Name

Address 1

Address 2

City

State

Zip

Country

Phone

Fax

Website

ACGME Accredited Program: Yes/No

Participates in SF Match: Yes/No

## FELLOWSHIP DIRECTOR, CHAIR, and COORDINATOR INFORMATION

Department Chair Name

Department Chair Email

ACTA Fellowship Director Name

ACTA Fellowship Director Email (*for publication*)

Program Coordinator Name

Program Coordinator Email

## INSTITUTIONAL STATISTICS

Total Number of Procedures

Number of off-CPB Cardiac Procedures

Distribution of Cases/Number of CPB Procedures

Number of Non-Cardiac Thoracic Procedures

Number of Cardiac Procedures

Number of Heart, Lung and Heart/Lung Transplants

Number of Major Vascular Procedures

## PROGRAM INFORMATION

Number of Fellows Completing Training in Previous 5 Years

Number of Clinical/Basic Research Positions Available

Number of Clinical/Clinical Research Positions Available

Fellow Annual Salary

Does your program provide fellows with the opportunity to attend national or local conferences? If yes, please describe.

## ACADEMIC FELLOW ACTIVITIES

*In the previous 5 years, please list the number of fellows who were 1<sup>st</sup> or 2<sup>nd</sup> authors in the following categories.*

Abstracts

Book Chapters

Peer-Reviewed Journal Articles:

Other Publications

QI Projects

Please list the name of the individual we may contact should we have questions regarding the information provided on this form.

Name:

Email Address:

Phone:

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