



The Anne Gavic ISCHR/AACVPR Award Full Application Form



Name _____

Contact information

Email _____

Phone: _____

Degree(s)/diploma (check at least one)

_____ Associate Degree

_____ Bachelors

_____ Masters

_____ Doctorate

_____ Other: _____

Your profession (check at least one)

_____ Nurse or Nurse Practitioner

_____ Respiratory Therapist

_____ Physical Therapist

_____ Exercise Specialist

_____ Other (please specify): _____

I am involved in (check all that apply):

_____ Cardiac Rehabilitation

_____ Pulmonary Rehabilitation

_____ Primary Prevention

_____ Other: (please specify): _____

1. Total years in the field of Cardio/Pulmonary Rehabilitation/Primary Prevention: _____

QUALITY

Is your Program Certified?

CR YES _____ NO _____



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PR YES _____ NO _____

Do you collect and review data related to outcomes and performance measures?

CR YES _____ NO _____

If YES: AACVPR Registry _____ Other _____

PR YES _____ NO _____

If YES: AACVPR Registry _____ Other _____

PROFESSIONAL DEVELOPMENT

Are you a current ISCHR/AACVPR Member?

_____ YES

_____ NO

Have you attended

AACVPR Meeting YES _____ Number of Years _____ NO _____

ISCHR Meeting YES _____ Number of Years _____ NO _____

Have you been involved in planning the ISCHR Annual Meeting? YES _____ NO _____

_____ Planning committee

_____ Hosted annual meeting at our site

_____ Presented at annual meeting

_____ Other _____

Have attended PR Coordinators Meetings YES _____ NO _____

Are you a Certified CR Professional (CCRP) YES _____ NO _____



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Have you completed the AACVPR / AARC Pulmonary Rehab Certificate YES _____ NO _____

LEADERSHIP

Check all that apply:

_____ I have served on an ISCHR Committee.

_____ Committee Chair

_____ Selected as a speaker for ISCHR conference or AACVPR Annual Meeting

_____ Assisted with a Cardiac/Pulmonary Rehab Quality Improvement Project

_____ Served on ISCHR BOD

_____ Officer (Pres / Pres-Elect / secretary / treasurer)

_____ Served on AACVPR committee or participated in a special project / initiative / publication etc.

INNOVATION

Briefly Describe 1-3 innovative practices you have implemented in your program to increase quality / access or viability

(i.e., home based CR /PR , Open Gym, Risk stratification for monitoring, group orientation, etc.)