



## 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.)