

Towards the pursuit of multicenter research in Adult Congenital Heart Disease

APPLICATION

Applicant Name:		
Institution:		
Title/Position:		
CONTACT DATA:	Address	
	Address	
Telephone		
List of ongoing Resea	rch projects:	
Ongoing Multi-center	projects:	
Previous Multi-center	projects:	
List of publications/ab	stracts in the past 2 years:	
Please specify your A	CHD training:	
Do you have a research If yes, what %	ch assistant? YesNo of time? If you have >1 research assistant, please list number:	
Do you have midlevel	providers in your practice?Yes No If yes, how many?	
How many out-patients does your program see per year? How many in-patients?		
How many adult conge	enital cardiac surgeries are done at your institutions per year?	
How many adult conge	enital catheterizations are done at your institutions per year?	
How many ACHD elect	trophysiology studies are done at your institution per year?	
How many ACHD spec	cialized MD's work at your program?	
Does your program ha	ve dedicated ACHD Fellows?Yes No If yes, how many?	

Do you have protected research time?	Yes No If yes, what % is protected ?
Does your program have an electronic database?	YesNo If yes, what software ?
As a requirement to join AARCC, we ask that all particip	pants be involved in an AARCC study.
Options are to submit a research proposal with this app	lication or to review the existing protocols on the AARCC website
(www.aarcc.net/).	
Templates for AARCC research protocols are also listed	d on the website.
New protocols will be reviewed by the protocol committee	ee and then presented to the group.
Please indicate your preference below:	
I have attached a research proposal I w	vould like to lead through AARCC.
I am interested in participating in an exi	isting AARCC research study***.
****If checked, please specify which protocol(s) you wou	uld like to participate in:
	Thank you!