



2019 TSF Sarns Terumo Perfusion Education Fellowship Application

The purpose of this traveling fellowship is to facilitate the continuing education of a deserving Board certified perfusionist committed to expanding cardiovascular perfusion education and knowledge base. The award is to be used for travel to another institution for the purpose of learning unique techniques, simulation approaches, and opportunities to adapt innovative technology to further the progress and care of cardiothoracic surgery patients at the recipient's home institution. The successful applicant will have a record of excellence in training, leadership and achievement. He/she will have secured a position at an institution or group practice capable of providing continued growth and development in the realm of cardiovascular perfusion education.

Funding: Awards of up to \$10,000 for up to a two-week visit will be granted to support a perfusionist for this fellowship. The first award payment will be made in February 2019 (75%) and the second and final installment (25%) will be made upon completion of a satisfactory progress report, to be approved by the TSF Board of Directors. This award of up to \$10,000 will be used to defray the travel and living expenses for the sabbatical period.

To apply for the Sarns Terumo Perfusion Education Fellowship, candidates must:

1. Submit and complete this online application by Saturday, September 15, 2018, 11:59 p.m. Central Time.
2. E-mail CV, sponsor's CV, and 1 letter of support from host institution sponsor to tsf@sts.org by Saturday, September 15, 2018, 11:59 p.m. Central Time. (The letter of support should confirm: (a) the availability of adequate training environment/educational experience that will provide the proposed training, and (b) his or her agreement to serve as mentor.)

Incomplete applications will not be considered. Award recipients will be notified by February 1, 2019. If you have questions, please contact TSF Headquarters at tsf@sts.org or (312) 202-5835.

*** 1. Applicant Information:**

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Postal Address	<input type="text"/>
Suite #	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>
E-mail Address	<input type="text"/>
Phone Number	<input type="text"/>
Current Institution	<input type="text"/>
Host Institution	<input type="text"/>

*** 2. Are you a board certified perfusionist?**

- Yes, I have received certification.
- No, I have not received certification.

Comment (Optional)

*** 3. Applicant Mentor/Sponsor Information:**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Institution	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>
Email Address	<input type="text"/>

* 4. Personal Goal -

State exactly what skill you wish to learn in the proposed time frame. Describe how this intended skill and how this experience will benefit you and your institution, practice, and patients.

* 5. Career Goal

* 6. Education Environment at Host Institution

* 7. Please indicate the number of years you have been practicing perfusion.

- 1-3
- 4-6
- 7-9
- 10 years or more
- Other, please specify