

	LEED: LAAO Program LAAO Leader Application Form	LEAVE BLANK – FOR ADMINISTRATIVE USE ONLY
		Application Number:
		Date Received:

LAAO Leader Applicant	
NAME (Last, First, Middle)	DEGREES
POSITION TITLE	INSTITUTION MAILING ADDRESS (Street, City, State, Zip Code)
INSTITUTION	
DEPARTMENT	
TELEPHONE	E-MAIL ADDRESS
GENDER Male Female Non-binary Prefer not to answer	ETHNICITY Hispanic Non-Hispanic
RACE <i>Select all that apply</i> White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander	
LAAO LEADER ELIGIBILITY	
1. Are you a SCAI member? 2. Have you completed an interventional cardiology fellowship? 3. Are you a US-based board-certified interventional cardiologist? 4. Have you performed at least 100 lifetime WATCHMAN™ LAAC implants to date? 5. Are you confident that you can schedule 8 WATCHMAN LAAC implant procedures over 2 consecutive lab days and support the LEED:LAAO program's educational components? 6. Are you working under a hospital program that currently participates in the NCDR's LAAO Registry?	Yes No Yes No Yes No Yes No Yes No Yes No
APPLICANT'S ORGANIZATION IF FELLOWSHIP IS AWARDED Legal Name: Address:	ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF FELLOWSHIP AWARDED Name: Title: Tel: Email:
APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for completion of the required components of program if the fellowship is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF APPLICANT AND DATE