

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

Equity 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	
DEI LEADER ELIGIBILITY	
1. Are you a SCAI member?	Yes No
2. Have you completed an interventional cardiology fellowship?	Yes No
3. Are you a US-based board-certified interventional cardiologist?	Yes No
4. Does your program meet the requirements outlined in the National Coverage Decision for LAAO?	Yes No
5. Have you confirmed with Boston Scientific that you are eligible for the WATCHMAN training program?	Yes No
6. How many transseptal punctures through an intact septum have you completed to date?	
7. If you have already completed any stage of WATCHMAN training, what is the last stage you have completed?	
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