

Application Steps

1. Provide a narrative, in English, on the benefits of attending the AACVPR Annual Meeting (300 words, maximum) and future application of the knowledge learned at the conference.
2. Provide a separate narrative, **in English**, on your contributions to cardiac and/or pulmonary rehabilitation and/or primary prevention in your country
3. Complete the nomination application form found below.
4. Provide written proof of your employment in the Cardiac and/or Pulmonary Rehabilitation field. A letter from your supervisor/faculty is sufficient. This letter must also indicate that you meet the “early career” requirement.
5. Submit your Curriculum Vitae in PDF format.
6. Send all documents via email to amiller@aacvpr.org.

Applicants must be students/in training, or within their first five (5) years of their career. Applicants may or may not be a current member of AACVPR. Applicants who submit an abstract for the Annual Meeting will be given preference over those who do not. The International Attendee Scholarship Application is open to all cardiac and pulmonary rehabilitation professionals from countries outside the United States of America. Scholarship applications will be reviewed and winners will be selected by the AACVPR International Committee. Awards per individual shall not exceed USD \$1,250.

Deadline for submissions is June 15, 2018

1. Name: _____
2. Email and Phone: _____
3. Your title: _____
4. Country you work in: _____
5. Your degree(s)/diploma (check at least one)
 - Associate Degree
 - Bachelors
 - Masters
 - Doctorate
 - Other: _____
6. Your profession (check at least one)
 - Nurse or Nurse Practitioner
 - Physician
 - Respiratory Therapist
 - Physical Therapist
 - Occupational Therapist
 - Exercise Specialist
 - Psychologist
 - Other (please specify): _____
7. I am involved in (check all that apply):
 - Cardiac Rehabilitation
 - Pulmonary Rehabilitation
 - Primary Prevention

- Other: (please specify): _____
8. Total years in the field of Cardio/Pulmonary Rehabilitation/Primary Prevention: _____
9. Are you a current AACVPR Member?
- Yes
- No
10. Does your facility/organization pay for some or all of your costs to attend the meeting?
- Yes
- No
- 10a. If the answer to the previous question is “yes,” check all that apply:
- My organization pays for airfare
- My organization pays for Annual Meeting registration
- My organization pays for lodging
- My organization pays for food/miscellaneous expenses
11. Check all that apply:
- I have submitted an abstract for presentation at the Annual Meeting
- I have been selected as a speaker for the Annual Meeting
- I serve on an AACVPR Committee/Task Force
12. My country already has (check all that apply):
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Primary Prevention
- Other: (please specify): _____
13. I am in the stages of starting the first program in my country for (check all that apply):
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Primary Prevention
- Other: (please specify): _____