

THORACIC SURGERY DIRECTORS ASSOCIATION

2019 TSDA Congenital Cardiac Surgery In-Training Examination Registration Form *In-Training Examination Date: March 23, 2019*

Return this form and the signed Letter of Agreement to TSDA Headquarters.

DEADLINE for registration is February 15, 2019

Program Director: _____ Program Director E-mail: _____

Hospital/Institution: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

_____ ACGME-accredited congenital cardiac surgery program

_____ Non ACGME-accredited congenital cardiac surgery program

_____ ACGME-accredited cardiothoracic surgery residency program

Register the following congenital cardiac surgery **fellows or cardiothoracic surgery residents** (use a check mark to indicate registration type):

First Name	Last Name	Email	Grad Year	ACGME Fellow	Non-ACGME Fellow	CT Surgery Resident	Gender (optional)

Fee and Payment

- There is no registration fee for ACGME-approved or non ACGME-approved congenital cardiac surgery fellows at ACGME-accredited congenital cardiac surgery programs.
- There is no registration fee for CT surgery residents who have accepted a congenital cardiac surgery fellowship position at an ACGME-accredited congenital cardiac surgery program.
- There is a \$350.00 registration fee for congenital cardiac surgery fellows enrolled at non ACGME-accredited congenital cardiac surgery programs. Forward your program's check payable to TSDA with this order. The TSDA tax ID# is: 56-1196918. TSDA does not accept credit card payment or purchase orders. **Payment by check must be received prior to the exam date, or test taker access may be denied.** Test results will not be sent to Program Directors until payment has been received. **Invoices are available upon request.**

Return completed form to Maricruz Carreno at mcarrreno@sts.org.