

Dual Adult Cardiothoracic Anesthesia and Critical Care Medicine Application Supplemental Questionnaire

Applicant Name:

Institution Name:

Please answer the following questions as they pertain to your interest in ACTA and CCM training at this specific institution. Your answers are in no way binding and only serve to help the Program Directors better respond to your specific desires as they relate to fellowship training.

***As a reminder, please make sure your common application addresses your professional interest in both training programs.*

- I am applying in both CCM and ACTA this cycle at your institution
 - Yes
 - No

- I would prefer to complete both ACTA and CCM Fellowships at your institution (if possible)
 - Yes
 - No

- If UNABLE to complete both CCM and ACTA (due to available slots, etc.) I would still like to be considered for the following fellowship programs at this institution (check all that apply):
 - CCM
 - CTA
 - Both

- I intend to apply for ACTA or CCM in future application cycles
 - Yes
 - No

- If given the choice, I would prefer to complete my training in the following order:
 - ACTA then CCM
 - CCM then ACTA
 - No preference

- Any other comments you would like the CCM or ACTA programs to be aware of?

Please return this completed form to the program coordinator or program director at each program to which you are applying for both CT and CCM.