| VPS University Application |
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| Applicant Information |
| Name: |
| Credentials:  | Hospital Name: | Unit Name: |
| Work email: |
| City/State: | FTE for your VPS position: \_\_\_\_\_\_\_ | Years as VPS Site Coordinator: |
| Data Submission: (circle one) Up to Date Other: \_\_\_\_\_\_\_(# quarters behind) | Applying for Fall: \_\_\_\_\_\_\_\_\_ (year) |
| Supervisor Information |
| Manager Name:  |
| Title | Phone:  |
| Department:  | Email:  |
| Does this person support your participation in VPS University? Yes/No (circle one)  |
| VPS MD Contact |
| VPS MD Name:  |
| Title:  | Phone: |
| Is this Medical Director of ICU? Yes/No | Email:  |
| Does this person support your participation in VPS University? Yes/No (circle one) |
| Unit Information  |
| Name of Electronic Medical Record Vendor: (e.g. EPIC, Cerner etc.) |
| Does your unit care for cardiac surgical patients? Yes/No (circle one)  |
| Personal Information |
| Level of skill with MS Excel? None Minimal Moderate Advanced User (circle one)  |
| Are you currently involved in any quality improvement projects within the ICU ? Yes/ No (circle one) If yes list type:  |
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| VPS Reporting |
| Do you currently provide regularly scheduled reports to physicians or others on the ICU staff? Yes/No (circle one) If yes list type:  |
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|  |  |  |
| Interest (list two reasons you are interested in this course)  |
| 1. |
| 2. |
| Signatures |
| I understand there is no additional cost for this course of study. I will complete this study to the best of my ability. VPS-C is an internal VPS certification and may not be recognized nationally.  |
| Signature of applicant: | Date: |
| Signature of manager: | Date: |