THE AMERICAN BOARD OF VENOUS & LYMPHATIC MEDICINE

Applicant Reference Form

for: _____

IMPORTANT: FILL IN APPLICANT NAME ABOVE

(For use by ACGME Residency or Fellowship Directors)

PART I: Referring Director and Program Information

Your Name and Title:

College or University Affiliation	
In which type of program did you oversee the applicant? (check one and fill in blank)	☐ ACGME Residency: Specialty _____ ☐ ACGME Fellowship: (Sub)Specialty _____ ☐ Other: explain _____
Did the applicant successfully complete the full term of the Residency or Fellowship?	☐ Yes ☐ No If "No," please explain: _____ _____

Phlebology is defined by the AMA as: the medical discipline that involves the diagnosis and treatment of venous disorders, including spider veins, varicose veins, chronic venous insufficiency, venous leg ulcers, congenital venous abnormalities, venous thromboembolism and other disorders of venous origin. Diagnostic techniques used include the history and physical examination, venous imaging techniques such as duplex ultrasound, CT and MR, plethysmographic techniques and laboratory evaluation related to venous thromboembolism. Therapeutic interventions include compression, sclerotherapy, foam sclerotherapy, ultrasound-guided sclerotherapy, cutaneous vascular laser, endovenous laser, radiofrequency occlusion, surgical treatments, vasoactive medications and the management of venous thromboembolism.

Briefly describe here (and with supplemental pages) the phlebology / VLM training provided in the program.

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Privacy Statement:
The American Board of Venous & Lymphatic Medicine (ABVLM) is committed to protecting your privacy in every aspect possible. Your information will not be shared with or resold to third parties. We will not use any information disclosed to solicit you for any goods or services that the ABVLM provides. Your information will only be used for reference verification, and if we need to contact you regarding the reference you are providing to the applicant named on this form. If you have any questions or concerns, you may contact the ABVLM Staff at info@ABVLM.org or 415-561-6110.

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Part II: Assessment

For each of the six competencies delineated by ACGME below, please indicate by circling a response based on your **personal knowledge** of the applicant's ability as to whether he/she MEETS the competency, DOES NOT MEET the competency, or you DON'T KNOW if he/she meets the competency or not.

Competency	Description	*Meets*	*Does Not Meet*	*Don't Know*
Patient Care	Is caring and respectful in all patient interactions; uses informed decision making to develop and carry out patient management plans; counsels and educates patients and families; competently performs procedures; provides appropriate follow-up; works within a team when needed.	☐	☐	☐
Medical Knowledge	Displays investigatory and analytical thinking and adequate knowledge and application of basic and clinical sciences.	☐	☐	☐
Practice-Based Learning & Improvement	Uses evidence from scientific studies; application of research and statistical methods; use of information technology in creating and carrying out patient management plans.	☐	☐	☐
Interpersonal & Communication Skills	Creates a therapeutic relationship with patients; exhibits good listening skills.	☐	☐	☐
Professionalism	Is respectful in all interactions with other healthcare professionals, patients and family; engages in ethical practice; is sensitive to cultural, age gender, disability issues.	☐	☐	☐
Systems-Based Practice	Understands interaction of his/her practice with the larger system; practices cost effective care; advocates for patients within the health care system.	☐	☐	☐

Did the applicant provide active phlebology / VLM care under supervision and with demonstrated competence? (Active care means direct participation in patient care that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies, and forming and carrying out a treatment plan.)	☐ Yes ☐ No
Has the applicant been supervised and demonstrated competence in diagnostic peripheral venous duplex ultrasound?	☐ Yes ☐ No

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Has the applicant been supervised and demonstrated competence in at least one or more of the following seven categories of treatment? Specify which categories via the checkboxes at right.	☐ Yes ☐ No
Category(ies) in which applicant is competent *(if not, do not check the box at right)*	
Category I - Varicose vein ablation (Sclerotherapy, ambulatory phlebectomy) ……	☐ Yes
Category II - Saphenous vein ablation (Modalities include surgical, endoscopic, endovenous thermal or ultrasound- guided chemical ablation) ……..	☐ Yes
Category III - Perforator vein ablation (Modalities including surgical, endoscopic, endovenous thermal and ultrasound- guided chemical ablation) ……	☐ Yes
Category IV - Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma. Modalities include thrombectomy, thrombolysis, venous stenting and deep venous reconstruction) ……..	☐ Yes
Category V - Management of pelvic venous insufficiency (Modalities including surgical therapy, embolization and chemical ablation) ……	☐ Yes
Category VI - Management of vascular malformation/AV fistula (Modalities including surgical therapy, embolization and chemical ablation) ……	☐ Yes
Category VII - Management of chronic venous ulceration (CEAP C4- C6) (Non-operative, i.e. compression therapy) ……	☐ Yes
Do you know of any reason why this applicant should not be considered for certification?	☐ Yes ☐ No
If "Yes," please explain:	

Part III: Attestation

I attest that I personally completed this reference form and that the information it contains is true, complete, and accurate, to the best of my knowledge.

DIRECTOR'S SIGNATURE	DATE

Please ATTACH A BUSINESS CARD OR LETTERHEAD STATIONERY and return your completed 3-page questionnaire to ABVLM via:

FAX to (415) 561-6120, or
SCAN/EMAIL to info@ABVLM.org, or
MAIL to 781 Beach St, Ste 302, San Francisco, CA 94109-1245