Verification of ESIR Training

Complete this form and provide it to the accepting interventional radiology-independent program director for each resident who completes ESIR training.

Diagnostic Radiology Program Name:
Diagnostic Radiology Program Number:

Resident Name:

The above-named resident has successfully completed our ACGME-approved ESIR curriculum. This form summarizes the procedural experience obtained during the ESIR training and includes interventional radiology Case Log volumes and the total number of interventional radiology patient procedural encounters.

ACGME Case Logs

CASE LOG CATEGORY (12)	Number Performed
Aortic Stent Grafting	
Arterial PTA or Stent	
Dialysis Access Intervention	
Embolization	
New Outpatient Clinic Evaluation	
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	
Primary Nephrostomy	
Thrombolysis or Thrombectomy (Arterial or Venous)	
TIPS or TIPS Revision	
Tumor Ablation	
Venous Port	
Venous Intervention (Stent, PTA, or filter)	

Interventional Radiology Patient Procedural Encounters

Total number of interventional radiology patient procedural encounters in which the resident participated during ESIR training: __.

A detailed log enumerating these patient procedural encounters has been reviewed by myself, with the resident, and a copy is attached to this form.

Diagnostic Radiology Program Director Name:

Date:

Diagnostic Radiology Program Director Signature: