

Neurovascular Fellowship Director Attestation
Advanced Neurovascular Practitioner
ANVP

Name of Certification Candidate _____

Fellowship Start Date _____

Fellowship Completion Date _____

Required Elements of the Post-Graduate Neurovascular Fellowship:

- Research Design
- Risk Factors in Stroke
- Hemodynamics
- Pathophysiology
- Pathogenic Mechanisms
- Emergency and Hospital Systems of Stroke Care
- Clinical Localization
- Parenchymal and Vascular Imaging Interpretation (CT, CTA, CTP, MRI, Catheter angiography, Carotid Duplex, TCD, and Aspects)
- Reperfusion Decision Making and Management
- Structural and Non-Structural Hemorrhagic Stroke Management
- Critical Care Management of Stroke
- Complication Avoidance in Stroke Patients
- Secondary Prevention of Stroke
- Stroke Center Certification and Leadership

Attestation

I attest that the above certification candidate successfully completed a neurovascular fellowship that included the above required elements during the given dates.

Signature of Fellowship Director

Date

Name of Fellowship Director

Address

City State Zip

Email Address

Phone