



AMERICAN COLLEGE of CARDIOLOGY®



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ENROLLMENT FOR EXISTING PARTICIPANTS

The form below is required before activation of a new registry.

- Contact Information Sheet (to designate the Registry Site Manager)

Please email the completed Contact Information Sheet to ncdr@acc.org.

Please indicate (by check box) the registry(ies) to be enrolled.

An invoice with payment instructions will be returned.



CONTACT INFORMATION SHEET

STEP 1: Please provide the **hospital information** requested below.

Note: Health systems must complete one form (Steps 1-2) for each hospital enrolling.

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|---|
| Health System (if applicable): |
| Hospital's legal entity name: |
| Hospital Physical Address (no PO boxes) Including City and Zip Code: |

If you are an existing NCDR Participant, please enter your 6-digit **NCDR Participant ID** here

STEP 2: Please provide contact details for the designated **REGISTRY SITE MANAGER (RSM)** for each registry you are enrolling in.

Please note the following:

1. Each of the sections below allows for the designation of **one RSM per registry** enrollment.
2. An individual may serve as the RSM for more than one registry, but **only one RSM may be assigned to a registry.**
3. Enter the contact information for each designated RSM. All fields are required.
4. If your site is enrolling in more than 1 registry at this time, please duplicate this page.

AFib Ablation Registry™
 CathPCI Registry®
 Chest Pain - MI Registry™
 CV ACS Registry™
 EP Device Implant Registry™
 IMPACT Registry®
 LAO Registry™

| | |
|-------------------------|--|
| RSM's Name: | RSM's Title: |
| RSM's Email Address: | NCDR existing username (if applicable): |
| RSM's Telephone: | RSM's Cell: |
| RSM's Physical Address: | |