



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 **facility information** requested below.

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

Date: _____

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

If you are an existing NCDR Participant, please enter your **NCDR ACC ID** (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 registry requires one designated Registry Site Manager (RSM) per site.
2. The same individual may serve as the RSM for more than one registry, but **only one RSM may be assigned to a registry**.
3. Enter the complete contact information for the designated RSM (including checking boxes for any registry for which they will be RSM). All fields are required.
4. If your site is enrolling in more than one registry with different RSMs, please duplicate this page.

☐ AFib Ablation Registry™ ☐ CathPCI Registry® ☐ Chest Pain - MI Registry®
☐ CV ASC Registry Suite® ☐ EP Device Implant Registry® ☐ IMPACT Registry® ☐ LAAO Registry™
☐ Renal Denervation Module™ Data Collection Only ☐ Renal Denervation Module™ with Dashboard

RSM's Name:	RSM's Title:
RSM's Email Address:	NCDR existing username (if applicable):
RSM's Office Telephone:	RSM's Cell Phone Number:
RSM's Physical Office Address:	