


# CAST Accredited Fellowship Annual Case Report Form: NCC

Please complete this form when submitting a CAST {{ submission.var\_\_677341\_\_iOE37GorEf }} Fellowship Program annual report. The report should include each institutional case for each participating site for the most recently completed academic year (July 1 - June 30). Each operative experience should generate one case in one category (do not sort or classify using CPT codes). Include all cases done within the training program, even though some might not have had resident/fellow participation.

 Case/Procedure Type

	Procedure Name	Number completed
1 Diagnostic	_____	_____
2 Diagnostic (If Applicable)	_____	_____
3 Diagnostic (If Applicable)	_____	_____
4 Diagnostic (If Applicable)	_____	_____
5 Diagnostic (If Applicable)	_____	_____
6 Diagnostic (If Applicable)	_____	_____
7 Diagnostic (If Applicable)	_____	_____
8 Diagnostic (If Applicable)	_____	_____
Total Diagnostic	_____	_____
1 Therapeutic Procedure	_____	_____
2 Therapeutic Procedure	_____	_____
3 Therapeutic Procedure	_____	_____
4 Therapeutic Procedure	_____	_____
5 Therapeutic Procedure	_____	_____
6 Therapeutic Procedure	_____	_____
7 Therapeutic Procedure	_____	_____
8 Therapeutic Procedure	_____	_____
9 Therapeutic Procedure	_____	_____
10 Therapeutic Procedure	_____	_____
11 Therapeutic Procedure	_____	_____
12 Therapeutic Procedure	_____	_____
13 Therapeutic Procedure	_____	_____
14 Therapeutic Procedure	_____	_____
15 Therapeutic Procedure	_____	_____
16 Therapeutic Procedure	_____	_____
TOTAL: therapeutic	_____	_____
1 OTHER (If Applicable)	_____	_____
2 OTHER (If Applicable)	_____	_____
3 OTHER (If Applicable)	_____	_____
4 OTHER (If Applicable)	_____	_____

5 OTHER (If Applicable)

\_\_\_\_\_

\_\_\_\_\_

TOTAL: Other

\_\_\_\_\_

\_\_\_\_\_