AMERICAN VEIN & LYMPHATIC SOCIETY

AVLS MENTEE *QUESTIONNAIRE*

First: _____ MI: _____ Last: _____

Designation: _____ Member ID: _____

Which of the following topics are you most interested in being mentored:

- ☐ Cosmetic Sclerotherapy
- ☐ Ultrasound Guided Sclerotherapy
- ☐ Varithena
- ☐ Radiofrequency Ablation
- ☐ Laser Ablation
- ☐ Venaseal
- ☐ MOCA/Clarivein
- ☐ Venous Insufficiency Ultrasound
- ☐ Pelvic Venous Ultrasound
- ☐ Pelvic Venous Disease
- ☐ IVUS/Stenting
- ☐ Surgical treatment of Lymphedema (lymph node transplant/omental transplant)
- ☐ Surgical treatment of Lipedema (tumescent assisted liposuction)
- ☐ All of the Above

Would you be interested in visiting a mentor's clinic for a more personal phlebology practice experience?

☐ Yes ☐ No ☐ Unsure

If you answered yes to the above, how many days would be ideal?

☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 1 Week

What time of year would be the best for you to visit?

- ☐ First Quarter (Jan-March)
- ☐ Second Quarter (April-June)
- ☐ Third Quarter (July-Sept)
- ☐ Fourth Quarter (Oct-Dec)

Practice Type:

- ☐ Private (Solo)
- ☐ Private (Group)
- ☐ Hospital
- ☐ Other

How long have you been practicing vein therapy?

- ☐ 0-5 Years
- ☐ 5-10 Years
- ☐ 10-20 Years
- ☐ 20+ Years