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**CERTIFICATION**

**(Physician EP/Ablation)**

**PRACTICAL LOGBOOK 2024**

**Candidate Name:**

**Examination Registration No.:INTRODUCTION TO LOGBOOK AND INSTRUCTIONS FOR USE**

The logbook forms part of the requirements for British Heart Rhythm Society certification for those candidates who have sat the Physician exam. It is specifically aimed at practitioners with a particular interest in cardiac electrophysiology. A separate logbook exists for cardiac device implantation and management.

All sections of the logbook must be completed prospectively and submitted within 2 years of your exam date. Logbooks submitted after this date will not be marked unless prior written authorisation for an extension has been granted.  **Logbook submission is electronic, please review the guidance on the BHRS website.**

You must obtain verification of the information and completion of the assessment sections from your supervisor, who must be experienced in electrophysiology.

**How to apply for a log-book extension**

## Only one extension will be awarded for exceptional circumstances. No extension will be awarded retrospectively.

## A request for a logbook extension must be put in writing and sent to British Heart Rhythm Society, email [admin@bhrs.com](mailto:admin@bhrs.com)

**SPECIFIC POINTS**

The logbook should comprise the following number of cases:

15 EPS and accessory pathway ablations

15 EPS and AVNRT ablations

25 Cavo-tricuspid isthmus ablations

50 Atrial fibrillation ablations

25 Electroanatomic mapping

For each case you will be asked to provide the Date of procedure, Procedure Type, Diagnostic catheters used, Diagnostic manoeuvres performed, Ablation target, Ablation catheter used, Acute procedural success (Y/N) and list any Complications.

Please complete the whole document before submission.

**BHRS CERTIFICATION: CARDIAC ELECTROPHYSIOLOGY PHYSICIAN LOGBOOK**

**Candidate Details**

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| **Name** |  |
| **Address** |  |
| **Contact details Telephone and/or email** |  |

**Hospitals In Which Work Undertaken**

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| **Time Period** | **Address** |
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**Supervisor Details**

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| **Name** |  |
| **Professional title/position** |  |
| **Address** |  |
| **Contact details Telephone and/or email** |  |

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| Date of Procedure | Procedure | Diagnostic catheters used | | | | | | Diagnostic manoeuvres performed  (free text) | Ablation target | Ablation catheter used | Acute procedural success (Y/N) | Complications  (free text) |
|  |  | Right atrial | Right atrial multipolar | Coronary sinus | His | Right ventricular | Mapping catheter |  |  |  |  |  |
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**Supervisor Signoff**

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| Supervisor Comments |  |
| Signature |  |
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