

PEV Credentials Worksheet- Maintenance

Applicant Name: _____

PEV Credential Requested (Circle all that apply)	Number Required Maintenance (2 yrs)	Number Documented
PEV-1 CORE	30 (15 interventions)	_____
PEV-2 Carotid angio	4	_____
PEV-3 Carotid Stent	4	_____
PEV-4 a IVC filter placement	5	_____
PEV-4 b IVC filter removal	5	_____
PEV-4 c Advance removal	8	_____
PEV-5 Endo-AAA	5	_____
PEV-10 Cerebral Angio	5	_____
PEV-11 Cerebral intervention	10	_____
PEV-14 Acute Stroke Intervention		_____
PEV-15 TEVAR	5	_____

Name of reviewing Staff member: _____

Date of review: _____