



## Endovascular Training Attestation

By my dated signature below, I verify the following:  
(boxes must be checked)

- I have reviewed the DEFUSE 3 Endovascular Training module
- I understand that IA tPA use is prohibited is DEFUSE 3

**SITE NUMBER:**

\_\_\_\_\_

**PRINT NAME:**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

DD      MON      YYYY

**ROLE (circle one):**

PI / Sub-I / Neurointerventionalist

*After completion, upload this form to WebDCU*