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## Application for establishment of a Heartbeat International Pacemaker Bank

Date \_\_\_\_\_

### Basis

The "Basis" section of the application defines the locality and Rotary composition of a given city or region interested in establishing a Rotary Pacemaker Bank. Our goal is to serve and save as many needy patients in need of pacemaker therapy as possible in your community. Therefore, you are required to provide Information about the Rotary District and multiple Rotary Clubs so that the expanded Pacemaker Bank model can reach the maximum number of patients in need.

City \_\_\_\_\_ Country \_\_\_\_\_

Population of City \_\_\_\_\_ Population of Country \_\_\_\_\_

Rotary District (number) \_\_\_\_\_ Number of Clubs in District \_\_\_\_\_

Number of Clubs in the city area \_\_\_\_\_

### Rotary District Leadership

District Governor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

District Governor-Elect Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Rotary Basis for Pacemaker Bank

- a. District wide – yes \_\_\_\_\_ no \_\_\_\_\_
- b. If not, how many participating Clubs ( a minimum of 3 is required) \_\_\_\_\_
- c. Submit information about Rotary Clubs on Addendum A

## **Governance**

“*Governance*” of the Rotary Pacemaker Bank defines the composition of the Board of Directors, terms and meeting frequency. The Board is ultimately responsible for fulfilling the policies and procedures of the Pacemaker Bank.

### **Pacemaker Bank Board of Directors**

#### ***Officers of the Board***

##### Chairman Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email \_\_\_\_\_ Term \_\_\_\_\_

##### Secretary Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Term \_\_\_\_\_

##### Medical Director Information:

(Attach curriculum Vitae)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Term \_\_\_\_\_

**Members of the Board**

Board membership should consist of no less than 5 members or no more than 11 and should include the District Governor or Immediate Past District Governor and representation from participating Rotary Clubs. Alternatively Assistant District Governors can represent multiple Clubs.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Members of the Board** – (Continued)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Rotary Club \_\_\_\_\_ Position in Club \_\_\_\_\_  
Number in Club \_\_\_\_\_ Term \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Operating Policy**

The “*Operating Policy*” section addresses processes necessary to assure that only needy patients receive pacemakers. Also please indicate the professionals responsible for reporting device implants to Heartbeat International and ordering replacement inventory.

Describe process and controls to assure recipients are indigent. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social worker(s) or other responsible party (and qualifications) who will determine patient economic status**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship with hospital \_\_\_\_\_  
*Submit resume for participating social workers or individuals responsible for determining patient economic status.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship with hospital \_\_\_\_\_  
*Submit resume for participating social workers or individuals responsible for determining patient economic status*

***Pacemaker implant reports are mandatory and determine whether future inventory will be shipped.***

If not the Pacemaker Bank Secretary, who will be responsible for completing and submitting implant reports and for ordering devices?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## **Medical Staff and Facilities**

The "Medical staff and facilities" section of the application documents the availability and participation of appropriately trained physicians and equipped hospitals.

Medical facilities, hospital, and clinics where implantation will be performed:

Name of hospital \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address of hospital \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List physicians applying for participation. Include Curriculum Vitae for each.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Number implanted last year \_\_\_\_\_ Number implanted last 5 years \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Number implanted last year \_\_\_\_\_ Number implanted last 5 years \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Number implanted last year \_\_\_\_\_ Number implanted last 5 years \_\_\_\_\_

Detail equipment available to Pacemaker Bank physicians to support diagnosis and implants \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Follow Up Facility

Detail where and by whom the patient follow up will be performed. The follow up must be performed in accordance with Pacemaker Bank policy for each recipient with a copy of follow up forms submitted to Heartbeat International.

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## Pacemaker Follow Up

Describe frequency of patient follow up \_\_\_\_\_

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Describe where follow-up will be conducted \_\_\_\_\_

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Indicate which programmers are available to support patient follow up:

- Medtronic 9710
- Medtronic 9790
- Pacesetter 3510
- Pacesetter 3500
- Pacesetter APS2
- Other 2 \_\_\_\_\_
- Other 3 \_\_\_\_\_

Medical staff and hospital capabilities – Indicate clinical services available:

- Implantable defibrillators
- Resynchronization devices
- Heart valves
- Electrophysiology
- Echocardiography
- Coronary artery intervention
- Cardiovascular Disease Prevention program

Identify your local pacemaker industry representatives available by manufacturer:

- Biotronic \_\_\_\_\_
- Medtronic \_\_\_\_\_
- St. Jude Medical \_\_\_\_\_

## **Process for Receiving Devices from Heartbeat International**

The “*Process for receiving devices from Heartbeat International*” is the Pacemaker Bank’s responsibility. The Rotary Pacemaker Bank Board of Directors is responsible for making all necessary arrangements and special provisions for receiving donated medical equipment. The Pacemaker Bank Board of Directors is in the best position to make certain an effective process is in place for receiving devices through Customs.

Indicate all available means for receiving shipments of devices:

- Air freight to nearest hospital

Designated Custom broker responsible for clearing devices through  
Customs \_\_\_\_\_

\_\_\_\_\_

- Ship directly to Rotary Club using courier service. Arrangements must be made to avoid delays or denials for entry by Customs
- Ship directly to hospital – arrangements in place to clear Customs
- Hand carried by visiting Rotarians or physicians
- Other – describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Do you have a federal approved number that can e used on shipments to help get packages through customs?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Marketing and Fundraising Plans

Your “*Marketing Plan*” is a very important tool for creating awareness in the community and among Rotary Clubs, doctors and hospitals of the availability of the pacemaker program. Increased awareness will help Pacemaker Bank identify more people in need. Likewise a successful “*Fundraising Plan*” contributes to ongoing operations and expenses of the Pacemaker Bank and Heartbeat International.

Who will be responsible for publicizing and marketing program?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Describe steps to announce the approval of Pacemaker Bank status:

Media – press release, press conference \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rotary District \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe strategy to maintain Rotary and community awareness:

Community / media  
Rotary Clubs and District  
Physicians \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the Pacemaker Bank will raise funds \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Addendum A – Participating Rotary Clubs

Please complete a form for each participating Rotary Club:

- Rotary Club name \_\_\_\_\_  
\_\_\_\_\_
- Rotary Club Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Membership size \_\_\_\_\_
- Number of males \_\_\_\_\_ and females \_\_\_\_\_
- Age distribution- From Age \_\_\_\_\_ to Age \_\_\_\_\_
- List any specific government / political or diplomatic ties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- President of Rotary Club  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_
  
- President Elect of Rotary Club  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_