**North Carolina Cardiopulmonary Rehabilitation Association**

**Program Innovation Application**

**2024**

**Date:**

**Applicant Name:**

**Program Name:** (What is the name of program that was developed to serve the patients?)

**Institution:**

**Program Description:** (Briefly describe the program that was developed, the patient population that was served, and any unique or interesting findings that came from the program.)

**Name(s) of Presenter(s):** (maximum of two)

**Will presenters require hotel accommodations?**