

**North Carolina Cardiopulmonary Rehabilitation Association
Program Innovation Application
2025**

Date:

Applicant Name:

Program Name: (What is the name of program that was developed to serve the patients or increase awareness of your cardiopulmonary rehabilitation program?)

Institution:

Program Description: (Briefly describe the program that was developed, the patient or market 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?

Please email your Program Innovations Application to Jeff Soukup at jeff.soukup@novanthealth.org