



AMERICAN
COLLEGE *of*
CARDIOLOGY®



Become
a **Fellow/
Associate Fellow**
of the American
College of
Cardiology

Application
for those in
the US, US
Territories
and Canada

One Membership. Many Benefits.

ACC is Your Professional Home.



Be recognized as a professional
at the top of your field:

**Become a Fellow
of the American College
of Cardiology (FACC)**



Fellowship is one of the most distinguished designations the College offers its members, and is the ultimate recognition of professional achievement.

Based on outstanding credentials, achievements and community contributions to cardiovascular medicine, those who are elected to Fellowship earn the right to include the FACC designation among their credentials, signaling to peers and patients their commitment to quality cardiovascular care.

Fellows of the ACC come from all specialties within cardiology and include adult cardiologists, pediatric cardiologists, interventional cardiologists, surgeons, researchers, academicians, specialists in a cardiovascular-related field and cardiovascular team members with advanced degrees.

As an FACC, you'll unlock resources that will provide you with support from your training through retirement, helping you make a difference in your patients' lives.

Join us in our mission to transform cardiovascular care and improve heart health.

Election to Fellowship is determined by committee, and applications are welcomed on a rolling basis.

[ACC.org/JoinFACC](https://acc.org/JoinFACC)



One Membership. Many Benefits.

The ACC is your professional home for tools and resources that support you in your efforts to provide high quality cardiovascular care to patients worldwide.

As a member you can:

Build Your Professional Network

Connect and collaborate with nearly **50,000 cardiovascular professionals** worldwide. Network and learn at the local level with one of ACC's **over 80 local Chapters**. And gain leadership experience and recognition by participation on Councils, Committees and Work Groups

Stay Informed

Read about the latest clinical developments with print, online and mobile subscriptions to **FIVE Journals of the American College of Cardiology**—also available on iPad—including *JACC*, *JACC: Imaging*, *JACC: Interventions*, *JACC: Heart Failure* and *JACC: Clinical Electrophysiology*.

Access Guidelines

Access Guidelines, Appropriate Use Criteria and Consensus Documents.

Access 300+ FREE Education Opportunities

Stay up-to-date and assess your knowledge and gaps with **FREE educational opportunities** offering CME. Meet certification requirements more easily with complimentary Maintenance of Certification Modules (MOC) and ACC's MOC Information Hub online.

Gain an Advocate for Your Interests

With the power of a collective voice, the **ACC advocates on your behalf** for your interests, certification and regulatory bodies, to payers and to policymakers at the federal and state levels.

Improve Patient Care

Gain access to ACC's quality initiatives including the **NCDR Registries**, along with ACC's CardioSmart patient education website and tools.

Advance Your Career

Access tools and resources to advance your career including **ACC's Mentoring Program**, the Early Career Member Section, advice within ACC Cardiology Careers and **Research Funding** Search Engine and Collaboration Network.

Advance Your Specialty

Network and advance the priorities of your specialty and/or interest areas in one of **over 16 Member Sections**, which serve as communities for driving strategy and initiative development for communities within the College.

Access Mobile Applications

Get support to treat patients and manage patients on-the-go with mobile applications, including the **NEW Guidelines App**, ASCVD Risk Estimator, CardioSmart Explorer and AnticoagEvaluator.

Meet Practice Change Head On

Be prepared to meet practice challenges with over **60 on-demand webinars**.

Save Thousands

Save hundreds—even thousands—with **deep discounts on ACC's digital products and live courses** including the ACC Annual Scientific Session. You'll also save on practice necessities, including medical professional liability insurance, through ACC partners.



Membership Criteria

Election to membership in the ACC is based on training, specialty Board certification, or scientific and professional accomplishments and duration of active participation in a cardiovascular-related field.

Members are expected to conform to high moral standards.

Note: Those who do not meet the stringent qualifications for Fellowship may be granted Associate Fellow membership in the College.

To apply, all candidates must:

- Dedicate at least 75% of their professional activities to cardiology
- Hold a full-time academic and/or hospital appointment
- Present two letters of sponsorship from current FACCs with the application

Are you a Clinician?

To apply, you must also:

- Have completed cardiovascular training
- Hold a primary and applicable subspecialty Board certification:
 - Board should hold membership in either the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association.
- For those certified in 1990 or later, candidates need to show evidence of successful completion of an accredited program with a minimum number of in-training years as follows:
 - Adult Cardiology – **Three Years**
 - Pediatric Cardiology – **Three Years**
 - Cardiovascular Surgery – **Two Years**
- Lacking Board certification, you may be awarded “Associate Fellow” status

Are you an Academic/Scientist or lack Board Certification?

To apply, you must also:

- Have made significant contributions to the scientific literature and submit a bibliography outlining said contributions
- Have a PhD? You will need to have published 20 articles in indexed journals with 10 first or senior authorship
- No PhD? You will need to have published 50 articles in indexed journals with 20 first or senior authorship. Candidates without a PhD who have published only 10 articles with five first or senior authorship may be awarded “Associate Fellow” status.

Are you in a Cardiovascular-Related Subspecialty?

To apply, you must also:

- Be practicing in a cardiovascular-related subspecialty such as hypertension, CV pathology, CV radiology, CV anesthesiology, vascular surgery, vascular medicine or nuclear cardiology
 - Have completed training and passed the primary Board exam
 - Meet one of the two following requirements:
 - **Have a Leadership Position:** You will need to hold a leadership role as Chief of Cardiology, Director of a Major Laboratory at an Academic or Academic-Affiliated Institution, or hold the title of Associate Professor or Professor
- OR**
- **Have Publications:** You will need to have published 10 articles in indexed journals with five first or senior authorship
 - Those who lack Board certification and who do not meet the leadership/publication requirement may be awarded “Associate Fellow” status



How to Apply: The Application Process

Applications are welcome on a rolling basis! Apply at any time throughout the year.

Your Sponsors and Sponsorship Letters

Applicants are required to submit two letters of sponsorship from current FACCs.

Sponsorship Letter Requirements:

- Letters must be included with your application
- Letters must be on the sponsor's business letterhead, dated and signed by the sponsor
- Letters should detail your accomplishments of distinction, such as hospital, medical society or educational leadership
- Letters should be original in content—substantially identical letters will be rejected

Sponsor Requirements:

- Sponsors must be current FACCs
- Sponsors must be well acquainted with your current professional activities
- At least one sponsor must be from your geographic area of professional activity
- Only one sponsor can be from a partner or colleague that works in your office
- Only one sponsor can be from your training program
- Your relatives may not sponsor you

To apply, submit your application packet consisting of:

1. Completed Application Form
2. Two Letters of Sponsorship from Current FACCs. Letters must meet all requirements as outlined in the box to the left.
3. Bibliography, if applying as an academic or scientist—or if you lack Board certification
4. Copy of Medical or Doctoral Degree Certificate, Translated to English if Received from an Institution Outside the U.S.
5. Copy of Certificate if you have a PhD
6. Payment of Annual Dues and Nonrefundable Application Fee.
 - Note that if you are a current member of the ACC applying for FACC and are current on your dues, you **ONLY** need to submit the application fee.

Applications will be reviewed twice annually by the ACC's Credentialing and Membership Committee.

- Completed applications received by **May 1** will be reviewed in July with results available by September 1.
- Completed applications received by **October 1** will be reviewed in January of the following year with results available by February 1.



Annual Dues and Fees

Payment must be enclosed with application for processing.

	U.S.	Canada
Fellowship (FACC)*	\$785	\$480
Associate Fellowship*	\$785	\$480
Application Fee	\$150	\$150
Total Payment to Accompany Application	\$935	\$630

*** Are You a Current ACC Member? Only include the \$150 application fee if you are up-to-date on your membership dues.

*** State chapter dues will be assessed for a new member in the next billing.

Mail your entire packet to:

American College of Cardiology Membership Services

2400 N Street, NW
Washington, DC 20037

P: (202) 375-6000, ext. 5439
(800) 253-4636, ext. 5439

Membership@acc.org



FELLOW/ASSOCIATE FELLOW APPLICATION

For Residents in the US, US Territories and Canada

Complete the application in its entirety. Please print or type ("See CV" is not acceptable)

I am applying as a:

- Board-Certified Clinician
- Clinician Lacking Board Certification
- Academic/Scientist
- Other CV-Related Subspecialist
- Hypertension Specialist
- CV Pathologist
- CV Radiologist
- CV Anesthesiologist
- Vascular Surgeon
- Vascular Medicine Specialist
- Nuclear Cardiology Specialist

PERSONAL DATA Birth Date (Month/Day/Year) _____ Gender M F NPI # _____

Prefix _____ First Name _____ Middle Name _____ Last Name _____ Degrees _____ Suffix _____

Race/Ethnicity

- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Asian
- Other _____

MAILING ADDRESS Please select preferred mailing address for ACC mail: Practice/Institution Home/Personal

Practice/Institution Contact Information

Practice/Institution Name _____ Department Name _____

Practice/Institution Street Address _____ City _____ State/Province _____ Postal Code _____ Country _____

Phone _____

Home/Personal Contact Information

Home/Personal Street Address _____ City _____ State/Province _____ Postal Code _____ Country _____

Phone _____ Fax _____

Email Address Please select preferred email address for ACC Communication Practice/Institution Home/Personal

Business Email _____ Personal Email _____

PAYMENT Payment must be included with application to ensure processing

New Members in the US: Include US \$935 with the application. **New Members in Canada:** Include US \$630 with the application.

Advancing Members: Include Only US \$150 if all dues obligations are filled.

- MasterCard VISA American Express Discover **ACC does not accept any other credit cards**

Card # _____ CSC # (Required) 3-digit number on back of card or 4-digit on front of Amex _____ Exp.Date _____

Check – payable in US funds drawn on a US bank. Check # _____ Amount _____

SPONSORS Sponsors must be well acquainted with your professional activities. **Important: Sponsors must meet requirements listed under "How to Apply".**

_____, FACC
Sponsor #1 Name _____ Street Address _____

 City _____ State _____ Postal Code _____ Country _____

_____, FACC
Sponsor #2 Name _____ Street Address _____

 City _____ State _____ Postal Code _____ Country _____

LICENSURE

Are you currently licensed to practice medicine? Yes No

License Number	License State/Province	License Country	Date Issued	License Type (if applicable)
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BOARD CERTIFICATION

Are you certified by a recognized medical specialty examining board in the US or Canada?

Please indicate:

- Advisory Board for Osteopathic Specialists of the American Osteopathic Association
 American Board of Pediatrics
 Canadian Royal College of Physicians and Surgeons
 American Board of Internal Medicine
 American Board of Thoracic Surgery
 Professional Corporation of Physicians of Quebec

If Board obtained from another country, name the country and board:

Certification Names and Dates

Indicate which primary, subspecialty and CV

Primary Board	Date of Initial Cert.	Date of Recert.	Subspecialty Board	Date of Initial Cert.	Date of Recert.	CV Subspecialty Board	Date of Initial Cert.	Date of Recert.
Internal Medicine			Cardiovascular Disease			Critical Care Medicine		
Pediatrics			Pediatric Cardiology			Electrophysiology		
Surgery			Thoracic Surgery			Interventional Cardiology		

Note: In the following sections we will collect information about your education and appointments. Please be as complete as possible. **If there is a break in chronology, please use a separate sheet to indicate activity, location and dates.**

EDUCATION

If your degrees were received from an institution outside the US, please send a copy of the diploma with English translation. If PhD, provide copy of certificate.

	Institution Name	Institution City/State/Country	Degree	Date Graduated
Undergraduate College/University				
Graduate/ Medical School				

POSTGRADUATE TRAINING – Internships, Residency, Fellowship

Copies of certificates must be enclosed.

Institution Name	Institution City/State/Country	Position/Title	Start Date	End Date

APPOINTMENTS (Hospital and/or Academic)

Below please indicate all appointments held, both past and present. Indicate appointment type and fill in all sections, or write "none" if that is the case. Attach separate sheet for additional appointments.

Institution Name	Institution City/State/Country	Appointment Type	Position/Title	Start Date	End Date
		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic			
		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic			
		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic			
		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic			
		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic			

MILITARY SERVICE

Branch	Assignment	Start Date	End Date

WORK SETTING & STRUCTURE

Which of the following best describes your primary work setting? Choose one.

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiovascular Group | <input type="checkbox"/> Industry (pharma, device) | <input type="checkbox"/> Non-governmental Hospital |
| <input type="checkbox"/> Government Hospital or Agency-Military | <input type="checkbox"/> Insurance Company (HMO, PPO, IPA) | <input type="checkbox"/> Solo Practice |
| <input type="checkbox"/> Government Hospital or Agency-Other | <input type="checkbox"/> Medical School/University | |
| <input type="checkbox"/> Government Hospital or Agency-Veterans Affairs | <input type="checkbox"/> Multi-Specialty Group | |

What is the ownership structure of your practice? (Choose one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Government Owned | <input type="checkbox"/> Hospital Owned | <input type="checkbox"/> Insurance Company Owned | <input type="checkbox"/> Medical School/University Owned |
| <input type="checkbox"/> Physician Owned | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Other, please specify _____ | |

PROFESSIONAL TIME/CLINICAL FOCUS

Indicate the **percentage of time** dedicated to the cardiovascular field _____%

Number of years in CV Medicine _____

Indicate **percentage of work time** dedicated to each, totaling 100%

_____% Research _____ % Education _____ % Clinical Practice _____ % Administration _____ % Other

Rank the top three specialties you spend most of your professional time working in by entering 1, 2, and 3.

- | | | | |
|---------------------------------|-------------------------------------|---|---|
| ___ Administration | ___ Endocrinology | ___ Nephrology | ___ Public Health |
| ___ Adult Cardiology | ___ Family Practice | ___ Nuclear Cardiology | ___ Pulmonary Disease |
| ___ Adult Congenital Cardiology | ___ General Cardiology | ___ Nuclear Medicine | ___ Radiology |
| ___ Anesthesiology | ___ Geriatrics/Aging and CV Disease | ___ Pathology | ___ Research |
| ___ Arrhythmias and Devices | ___ Health Policy | ___ Pediatric Cardiology | ___ Sports & Exercise Cardiology |
| ___ Cardiac Rehab | ___ Heart Failure/Transplant | ___ Pediatric Interventional Cardiology | ___ Thoracic Surgery |
| ___ Cardiothoracic Surgery | ___ Hypertension | ___ Pediatrics/Neonatal | ___ Transcatheter Valve Therapy |
| ___ Congenital Cardiac Surgery | ___ Internal Medicine | ___ Pharmacology | ___ Vascular & Interventional Radiology |
| ___ Critical Care Medicine | ___ Interventional Cardiology | ___ Physical Medicine | ___ Vascular Medicine |
| ___ Echocardiography | ___ Invasive Cardiology | ___ Physiology | ___ Vascular Surgery |
| ___ Electrophysiology | ___ Lipids Clinic | ___ Preventive Cardiology | ___ Other _____ |
| ___ Emergency Medicine | ___ MR/CT Cardiology | | |

CME/CE INTEREST AREAS

Please check off **your top three areas of interest** in cardiovascular medicine.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Adult Cardiology | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Nuclear Cardiology | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Adult Congenital Cardiology | <input type="checkbox"/> General Cardiology | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Geriatrics/Aging and CV Disease | <input type="checkbox"/> Pathology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Arrhythmias and Devices | <input type="checkbox"/> Health Policy | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> Sports & Exercise Cardiology |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Heart Failure/Transplant | <input type="checkbox"/> Pediatric Interventional Cardiology | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pediatrics/Neonatal | <input type="checkbox"/> Transcatheter Valve Therapy |
| <input type="checkbox"/> Congenital Cardiac Surgery | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Vascular & Interventional Radiology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Physical Medicine | <input type="checkbox"/> Vascular Medicine |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Invasive Cardiology | <input type="checkbox"/> Physiology | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Lipids Clinic | <input type="checkbox"/> Preventive Cardiology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> MR/CT Cardiology | | |

CURRENT SOCIETY MEMBERSHIPS

Medical Society Name	Office Held (if any)	Membership Start Date

PUBLICATIONS

If applying through the academic/science track or as a clinician lacking a board certification, a bibliography must be included.

Check here if you do not have any publications

In order for your application to be evaluated fairly, please organize your bibliography according to the following format, otherwise, your application will be considered incomplete and will not be reviewed. List precisely as published with the authors, title of article, name (volume, page and date) of journal. Provide the name of the index where each publication is listed, or state "not indexed" if that is the case. Do not send reprints of articles, abstracts, etc.

List and number in separate categories as follows:

- [1] Published papers in indexed journals
- [3] Published abstracts
- [2] Textbook chapters, invited articles and reviews
- [4] Miscellaneous

DISCLOSURES

1. Has your medical license ever been suspended, terminated or reduced in scope?

Yes No If yes, please explain fully on separate page.

2. Have you ever had hospital staff privileges denied, reduced in scope or rescinded for cause?

Yes No If yes, please explain fully on separate page.

3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution or government agency?

Yes No If yes, please explain fully on separate page.

4. Have you ever been convicted of, or plead guilty to, a felony or other serious crime?

Yes No If yes, please explain fully on separate page.

How did you hear about membership?

Email Direct Mail A current member: _____ Print Ad Web Other Promo Code: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby consent to the release by any hospital, educational institution governmental agency, physician, professional society, or other person possessing or requiring the same, whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I agree that communications of any nature made to the College regarding my fitness for membership may be made in confidence and shall not be made available to me under any circumstances, I hereby release from any liability and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent. I hereby release from all liability the American College of Cardiology and any and all individuals for their acts performed in good faith and without malice in connection with evaluation my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached document is accurate and supports my qualifications for membership in the American College of Cardiology for which I now apply. I hereby agree that the American College of Cardiology may verify any of the above data.

If elected, I agree to conform to the Bylaws of the College and its Code of Ethics. Information available to be can be found at ACC.org/ethics.

Signature of Applicant

Date

Check before you submit! Ensure your application is completed in full and all required elements listed under "How to Apply" are included with your application.

American College of Cardiology
ATTN: Member Services
2400 N Street, NW
Washington, DC 20037

Phone: (202) 375-6000, ext. 5439
(800) 253-4636, ext. 5439
E-mail: membership@acc.org