



Membership Application

Residents **Outside** U.S. and Canada

American College of Cardiology Member Services Department

2400 N Street NW Washington, DC, 20037

202 375-6000 ext. 5439

membership@acc.org

APPLICATION DEADLINES: MAY 1 AND OCTOBER 1

* Applications must be completed in its entirety. ("See CV" is not acceptable)

PLEASE PRINT OR TYPE

Additional applications can be found on www.acc.org

Personal Data*

Applying for: Fellowship Associate Fellowship Member

Full Name (print) _____
FIRST M.I. LAST

Birthdate _____ Gender _____
MO DAY YEAR

Practice/Institution _____ Dept. Name _____

Check preferred mailing address

Business Address _____

CITY/STATE/PROVINCE/COUNTRY COUNTRY POSTAL CODE

Home Address _____

CITY/STATE/PROVINCE/COUNTRY COUNTRY POSTAL CODE

Office Telephone _____ Home Telephone _____
INCLUDE COUNTRY CODE

Fax _____ E-mail _____

Sponsors

Each applicant must have two sponsors; **Two** letters of sponsorship from Fellows of the College who reside in the applicant's geographic area of professional activity **OR One** from a Fellow of the College who resides in the applicant's geographic area of professional activity and **one** letter from the Society President from the applicant's country (even if he or she is **NOT** a Fellow or member of the College), **OR One** letter from a Fellow of the College who resides in the applicant's geographic area of professional activity and **one** from a Fellow of the College who resides in the United States. List sponsors' names and addresses below. Signatures of sponsors are required on page four of this form. **Letters of sponsorship must be included with the application.**

1. _____, F.A.C.C. _____
LOCAL SPONSOR ADDRESS

2. _____
SPONSOR F.A.C.C. OR THE PREIDENT OF YOUR CARDIOLOGY SOCIETY ADDRESS

Practice Data

Please check below that which best describes your primary work setting.

- Solo Practice
- Cardiovascular Practice Group
- Multi-specialty Group Practice
- Medical School or University—Faculty
- Medical School or University—Other
- Non-Government Hospital
- Government Hospital or Agency—Military
- Government Hospital or Agency—Other
- Other

Please indicate below the percentage of time you spend in the following subspecialties.

- | | | |
|---------------------------------------|--|---|
| _____ Interventional Cardiology | _____ Electrophysiology | _____ CT Cardiology |
| _____ Echocardiology/Echocardiography | _____ Nuclear Cardiology | _____ MR Cardiology |
| _____ Adult Congenital Cardiology | _____ Preventive Cardiology | _____ Heart Failure and Transplant Cardiology |
| _____ Vascular Medicine | _____ Cardiovascular Research | _____ Pediatric Cardiology |
| _____ Cardiovascular Surgery | _____ Clinical Cardiology/General Cardiology | _____ Other |

Payment (Payment must be included with application)

Please contact membership@acc.org for dues informaton. US \$150 non-refundable application fee.

Advancing members, include the application fee if current dues are already paid.

Mastercard Visa American Express Discover

ACC does not accept any other credit card

Card # _____ CSC# (Required) _____ Exp. Date _____
3 DIGIT NUMBER ON BACK OF CARD

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

Certification

Currently licensed to practice medicine in country(s) or province(s) of _____ since _____

PERCENTAGE of professional time devoted to cardiovascular field _____ % since _____

Are you certified by any specialty examining boards in your country or the U.S. (such as the American Board of Internal Medicine, etc.)?

Yes No Name of Board: _____

Check all that apply and date taken

Primary Board Certification		Date	Subspecialty Board Certification		Date	CV Subspecialty Certification		Date
<input type="checkbox"/>	Internal Medicine		<input type="checkbox"/>	Cardiovascular Disease		<input type="checkbox"/>	Critical Care Medicine	
<input type="checkbox"/>	Pediatric Medicine		<input type="checkbox"/>	Pediatric Cardiology		<input type="checkbox"/>	Electrophysiology	
<input type="checkbox"/>	Surgery		<input type="checkbox"/>	Thoracic Surgery		<input type="checkbox"/>	Interventional	
<input type="checkbox"/>	Other:		<input type="checkbox"/>	Other:		<input type="checkbox"/>	Other:	

Postgraduate Training (Required)

A detailed description of the scope of the training program in an institution outside North America should be submitted with this application.*

Name/City/State/Country of Institution	*Area of Specialization (Intern, Resident, Fellow)	Inclusive Dates	Duration (in years)

Education Please be as accurate and complete as possible. (Include any military service, sabbaticals, etc.) NOTE: If there is a break in the chronology, please use a separate sheet to indicate activity/place/dates. Send copy of the medical degree diploma or Ph.D. Certificate (English Translation).*

Education:	Name of Institution	City and State	Date Graduated	Degree
College or University:				
Medical:				

Military Service

Branch and Assignment	From	To

* "See CV" is not acceptable.

Appointments (Academic and/or Hospital Appointments are required)

Academic Appointments, past and present. Please complete all sections, or write "NONE".*

Name/City/State/Country of Institution	Position or Title	Inclusive Dates	Duration (in years)

Hospital Appointments, past and present, including staff appointments and admitting privileges. Fill in all sections, or write "NONE" if that is the case.*
Please include on a separate sheet a description of the Cardiology Unit/Department, including the size, extent and number of procedures, i.e., catheterization, open heart surgeries, preformed annually.

Name/City/State/Country of Institution	Position or Title	Inclusive Dates	Duration (in years)

Medical Society Memberships (Provide a letter verifying membership in your country's Society.)

Member of the following medical societies:	Office Held (If Any)	Dates

* "See CV" is not acceptable.

Documentation

Each of the following documents must be included with this application in order for it to be considered by the Credentialing and Membership Committee. Mark "X" beside each item included.

- _____ Photocopy of medical diploma or Ph.D. certificate.
- _____ Letter(s) verifying current Academic Appointment(s); English translation.
- _____ Letter(s) verifying Hospital Appointment(s); English translation.
- _____ Two letters of sponsorship.
- _____ Clarify Hospital and/or Academic status of Institution, (e.g. size, number of open heart surgeries and cardiac catheterization performed yearly).
- _____ Application fee of US\$150 must accompany application. Contact Member Services for dues info. Personal checks drawn on a U.S. bank and credit cards (Visa, Mastercard, Discover and American Express only) accepted.

Publications

In order for your application to be evaluated fairly, please organize your bibliography using the order below. List precisely as published with the authors, title of article, name (volume, page and date) of journal. **Do not send reprints of articles, abstracts, etc.**

Check appropriate box: Bibliography attached I am not submitting a bibliography

Publications (English translations where applicable) — Please list and number in separate categories as follows:

- (1)** Published papers in peer reviewed journals **(2)** Textbook chapters, invited articles and reviews **(3)** Published abstracts **(4)** Miscellaneous

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

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

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

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

Applicant's Authorization of Release of 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 any 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 evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents 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 and Code of Ethics of the College.

SIGNATURE OF APPLICANT

DATE

Sponsor's Endorsement

As a sponsor in support of this application, I hereby certify that I am currently a Fellow in good standing of the College and have reviewed this application and find it accurate to the best of my knowledge. Signatures of sponsors are required (see below). **Letters of sponsorship must be included with the application.**

LOCAL SPONSOR SIGNATURE

DATE

SPONSOR SIGNATURE

DATE

NOTE: At least one of the sponsors must be an F.A.C.C. from the applicant's geographic area of professional activity.



Join the ACC

Application Procedures for Outside the U.S.

When applying for any membership category or advancement to a higher category, please follow the procedures below.

1. Download a copy of the domestic or international application.
2. Complete all sections of the application in order to avoid delay. "See CV" is not acceptable. Attach documentation as required (i.e. letters verifying present academic/hospital appointments made outside the United States; photocopy of medical diploma or Ph.D. certificate if earned outside the United States).
3. Applicants from areas **outside North America** are required to obtain **two letters of sponsorship**. Relatives may not sponsor.
 - **Two** letters from Fellows (F.A.C.C.) of the College in your geographic area of professional activity

OR

- **One** letter from a fellow (F.A.C.C.) of the College in your geographic area of professional activity and **one** letter from the Society President in your country (even if he or she is NOT a Fellow or member of the College).

OR

- **One** letter from a Fellow (F.A.C.C.) of the College in your geographic area of professional activity and **one** from a Fellow of the College who resides in the United States.

4. Submit the completed application packet consisting of:
 - 1) signed application form and attachments,
 - 2) letters of sponsorship, and
 - 3) payment of annual dues (contact Member Services by phone or email) and non-refundable processing fee. These must accompany application to the Member Services Department at College Headquarters, 2400 N Street NW, Washington, DC 20037 USA.

The Election Process

1. A deadline for receipt of applications at College Headquarters is set for eight weeks prior to meetings of the Credentialing and Membership Committee (CMC) **Deadlines are May 1 and Oct. 1. Individuals currently in training are not eligible to apply for permanent membership.**
2. The CMC meets to consider applications two times during the year. Candidates can expect to be notified of the results in September and February.
3. Candidates elected to Fellowship are invited to participate in the Annual Convocation of the College, which is held in conjunction with the Annual Scientific Session, usually in March. Certificates of fellowship are distributed immediately following the Convocation.

Annual Dues and Fees

(Contact Member Services for dues information)

Application Fee	U.S. \$150.00
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New applicants **must** include a nonrefundable application fee of U.S. \$150. If advancing members have already paid dues, please include the application fee of U.S. \$150. All dues payments include a print and on-line subscription to the College journals: the *Journal of the American College of Cardiology* and the *Cardiosource Review Journal*.

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Member Services Department**

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