



## MEDICAL RESIDENT MEMBERSHIP APPLICATION

### PLEASE BE SURE TO ENCLOSE:

1. COMPLETED APPLICATION
2. LETTER FROM TRAINING DIRECTOR OR FELLOW OF THE ACC (FACC)
3. PERSONAL STATEMENT

### MAIL OR FAX TO:

AMERICAN COLLEGE OF CARDIOLOGY  
Resource Center  
2400 N Street, NW  
Washington, DC 20037  
Phone: (202) 375-6000, ext. 5603  
(800) 253-4636, ext. 5603  
Fax: (202) 375-6842

### PERSONAL DATA

First Name Middle Initial Last Name Birth Date (Month/Day/Year)

Address

City State Zip

Phone (Home/Cell – Circle one) Email Address

### RESIDENCY PROGRAM

Please select your residency program type:

☐ CT Surgery ☐ Internal Medicine ☐ Pediatrics ☐ General Surgery ☐ Med-Peds

Anticipated Residency Graduation Date (Month/Year) \_\_\_\_\_

Name of Residency Program/Practice/Institution

Business Address

City State Zip

Program Phone Program Email

### TRAINING DIRECTOR OR FACC SPONSORSHIP

Please note: you must include a sponsorship letter from your Training Director OR a current Fellow of the American College of Cardiology confirming your interest in cardiovascular medicine.

Sponsor Name

Sponsor Address (Street Address, City, State)

Are you planning to apply for training in the cardiovascular medicine specialty? \_\_\_\_\_

Please detail in 250 words or less your interest in cardiovascular medicine: