

Membership Criteria

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

All applicants must:

- Be a current diplomate of the American College of Veterinary Internal Medicine (ACVIM) or European College of Veterinary Internal Medicine (ECVIM)

OR

- Be enrolled in a cardiology training program approved by the ACVIM or ECVIM

How to Apply: The Application Process

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

To apply, submit your application packet consisting of:

1. Completed Application Form
2. Payment of Annual Dues and Nonrefundable Application Fee.

Annual Dues and Fees

Payment must be enclosed with application for processing.

Affiliate Annual Dues	\$100
Application Fee	\$25
Total Payment to Accompany Application	\$125

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





CLINICAL VETERINARY CARDIOLOGIST APPLICATION

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

PERSONAL DATA

Birth Date (Month/Day/Year) _____ Gender ☐ M ☐ F

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

Please include \$125 US with the application. (\$100 annual dues + \$25 one-time application fee)

- ☐ 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 _____

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

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

If you are currently in training, please indicate which body your training program is approved by: ☐ ACVIM ☐ ECVIM

POSTGRADUATE TRAINING – Internships, Residency, Fellowship

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

APPOINTMENTS (Hospital and/or Academic) If Applicable

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			
		<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"/> Practitioner 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 clinical focus areas you spend most of your professional time working in by entering 1, 2, and 3.

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

CME/CE INTEREST AREAS

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

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

CURRENT SOCIETY MEMBERSHIPS

Please indicate the society of which you are currently a member:

- ☐ American College of Veterinary Internal Medicine
- ☐ European College of Veterinary Internal Medicine

How did you hear about membership?

☐ Email ☐ Direct Mail ☐ Recruited By: _____ ☐ Print Ad ☐ Web ☐ Other Promo Code: _____

Send your completed application, documentation and payment to:

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