



CARDIOVASCULAR TEAM STUDENTS, TRAINEES, RESIDENTS & FELLOWS MEMBERSHIP APPLICATION

For Residents in the US, US Territories and Canada

PERSONAL DATA Recruited By: _____

**Applicants must select one of the following
program types:**

- ☐ Genetic Counseling
- ☐ Cardiac Rehabilitation Team
- ☐ Nursing
- ☐ Physician Assistant Studies
- ☐ Pharmacy
- ☐ Technologist Studies
- ☐ Other, please specify: _____

**Applicants must select one of the following
education levels:**

- ☐ Undergraduate Student (BSN, BS, etc.)
- ☐ Graduate Student (MSN, MPAS, DNP, PhD, etc.)
- ☐ Resident PGY1
- ☐ Resident PGY2
- ☐ Fellow (APN, PA, Pharmacist)
- ☐ Certification Program (NP, RCIS, RDCS, etc.)
- ☐ Other, please specify: _____

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

First Name _____ Middle Initial _____ Last Name _____

Name of Current Degree/Training Program _____ Your Position _____

Business Address _____

City/State Zip _____

Business Phone _____ Fax _____ Home Phone _____

E-mail Address _____

Race and Ethnicity (please check one)

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

EDUCATION

Current Educational Institution Name

Institution Address

City, State, ZIP

Degree(s) Currently Held (i.e. RN Diploma, AA/AS, BA/BS, etc.)

Residency or Fellowship Graduation Date

Program Director

Specialties/Areas of interest:

- ☐ Anticoagulation Clinics
- ☐ Arrhythmias and Devices
- ☐ Cardiac Rehab
- ☐ Cardiography
- ☐ Care Coordination
- ☐ Chest Pain
- ☐ Congestive Heart Failure
- ☐ Consulting/Consultation
- ☐ Critical Care Medicine
- ☐ CV Education (Patient)
- ☐ CV Education (Staff)
- ☐ Diabetic Management
- ☐ Diagnostic Testing
- ☐ Emergency Medicine

- ☐ General Cardiology
- ☐ Geriatrics/Aging and Disease
- ☐ Hypertension
- ☐ Information Technology
- ☐ Lipids Clinic
- ☐ MR/CT Cardiology
- ☐ Palliative/End of Life Care
- ☐ Pediatrics/Neonatal
- ☐ Preventive Cardiology
- ☐ Quality Assurance
- ☐ Research
- ☐ Teaching
- ☐ Women's Health
- ☐ Other, (please indicate) _____

THIS MEMBERSHIP CATEGORY IS COMPLIMENTARY

Note: To apply, you must be enrolled at least half-time in an undergraduate or graduate program. Application should not be used by physicians in their cardiovascular fellowship.

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