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College of Cardiology





AFFILIATE APPLICATION FOR TRAINING PROGRAM ADMINISTRATORS

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 NPI # (Optional, and if applicable) _____

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

Position Title _____

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 _____

SPONSOR

Applicants must indicate an ACC member sponsor below (no letter required).

Sponsor Name _____

Street Address _____ City _____ State _____ Postal Code _____

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"/> Government Hospital or Agency-Military | <input type="checkbox"/> Insurance Company (HMO, PPO, IPA) | <input type="checkbox"/> Non-governmental Hospital |
| <input type="checkbox"/> Government Hospital or Agency-Other | <input type="checkbox"/> Medical School/University | <input type="checkbox"/> Solo Practice |
| <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 _____ | |

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 | | |

How did you hear about membership?

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

Please sign and date your application

Signature of Applicant

Date

Check before you submit! Ensure your application is completed in full.

American College of Cardiology
ATTN: Resource Center
2400 N Street, NW
Washington, DC 20037

Phone: (800) 253-4636, ext. 5603 or
(202) 375-6000, ext. 5603

E-mail: resource@acc.org