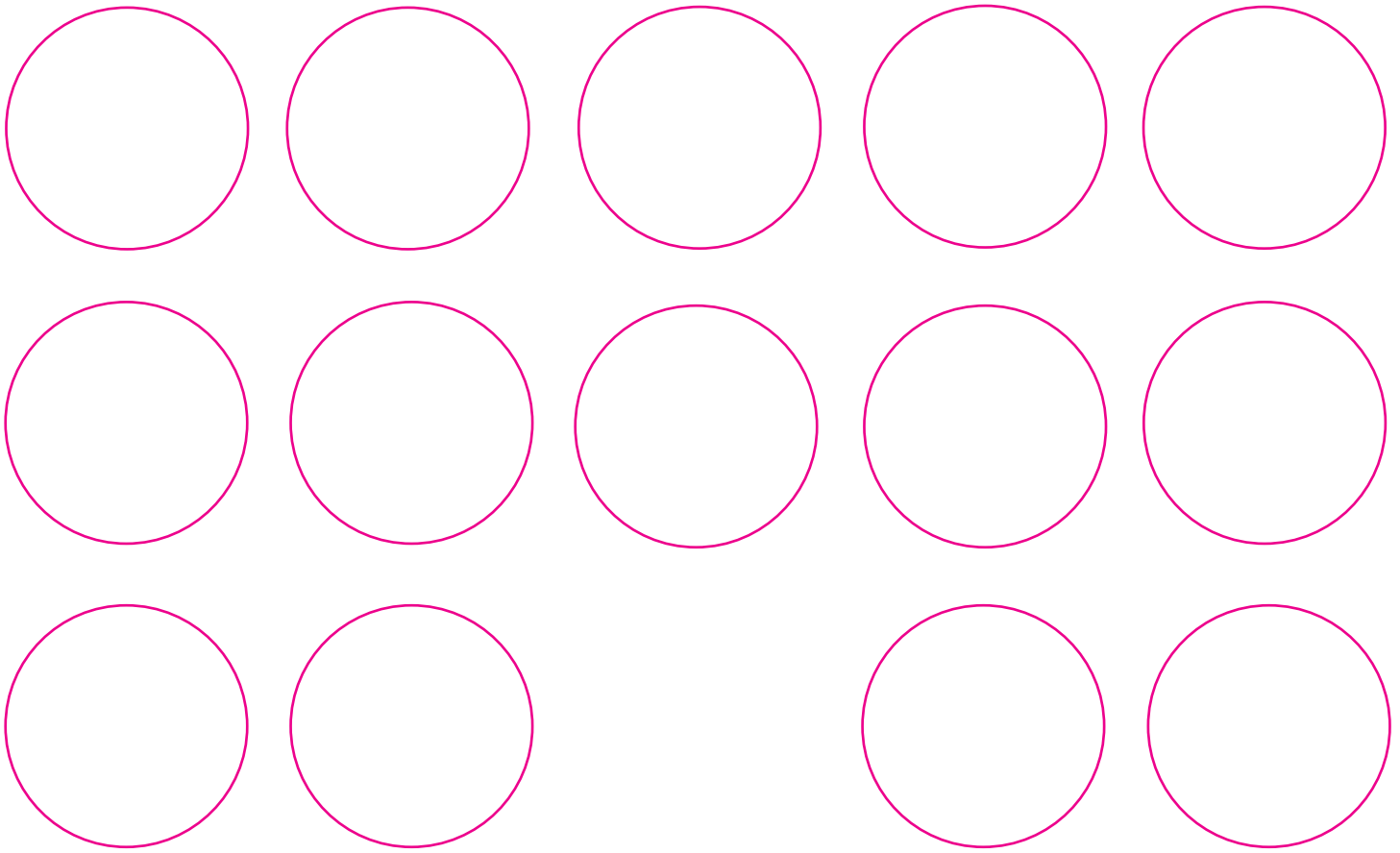


CARDIOVASCULAR TEAM

- *Advanced Practice Nurses*
- *Cardiac Rehabilitation Team*
- *Cardiovascular Technologists*
- *Clinical Pharmacists*
- *Genetic Counselors*
- *Nurses*
- *Physician Assistants*

Transform Cardiovascular Care. Improve Heart Health.





IMPROVE PATIENT CARE, INCREASE YOUR KNOWLEDGE AND TAKE YOUR CAREER TO THE NEXT LEVEL.

You are on the front lines every day, working with your cardiovascular team colleagues to make and execute the best health care decisions possible with flawless precision. Keeping up-to-date on the latest pharmaceuticals, technology and guidelines, as well as your required continuing education credits can be daunting. The American College of Cardiology can help.

The American College of Cardiology (ACC) invites the following professionals to join the College:

- Registered Nurses
- Nurse Practitioners
- Clinical Nurse Specialists
- Physician Assistants
- Clinical Pharmacists
- Genetic Counselors
- Cardiac Rehabilitation Specialists
 - Exercise Physiologists
 - Occupational Therapists
 - Physical Therapists
 - Clinical Psychologists
 - Clinical Social Workers
 - Registered Dieticians
- Cardiovascular Technologists
 - Sonographers
 - Electrophysiology Specialists
 - Invasive Specialists
 - Vascular Specialists

HOW DO I JOIN?

The American College of Cardiology requires that all new members be sponsored by an existing member. For a Cardiovascular Team application to be immediately processed you must complete the following steps:

1. Complete the attached application
2. Have a Cardiovascular Team or FACC member of the ACC fill out the attached sponsorship letter
3. Include a copy of your practicing license or applicable certification (see requirements on next panel)
4. Provide payment

MEMBERSHIP REQUIREMENTS

Registered Nurse	Applicants must have an RN degree and be licensed to practice in their state of employment.
Nurse Practitioner	Applicants must have an RN degree and be an NP licensed to practice in their state of employment.
Clinical Nurse Specialist	Applicants must have an RN degree, along with a certification in the area of clinical practice and be licensed to practice in their state of employment.
Physician Assistant	Applicants must be a graduate of a PA program accredited by ARC-PA or a predecessor agency, or be certified by the National Commission on Certification of Physician Assistants (NCCPA). Applicants must also be licensed to practice in the state in which they are employed. Federally employed PAs should provide NCCPA certification in lieu of a license.
Clinical Pharmacist	Applicants must have a Clinical Pharmacist's PharmD degree and be licensed to practice in their state of employment.
Cardiovascular Technologist	Defined as sonographers, electrophysiology specialists, invasive specialists and vascular specialists, Cardiovascular Technologist applicants must be certified by either the Cardiovascular Credentialing International or the American Registry of Diagnostic Medical Sonography and have two or more years of experience in their field .
Genetic Counselor	Applicants must be certified by the American Board of Genetic Counseling and be licensed to practice in their state of employment.
Exercise Physiologist	Applicant will hold an academic degree in exercise physiology or a related degree (such as exercise science, kinesiology, human performance, etc.) and is either licensed under state law or holds a professional certification from a national organization (ACSM's Certified Clinical Exercise Specialist-CES or ACSM's Registered Clinical Exercise Physiologist-RCEP credentials).
Physical Therapist	Applicant will be a graduate of a CAPTE-accredited PT program (the program must be accredited at time of graduation) and certified to practice as an Physical Therapist or currently licensed to practice as a Physical Therapist in their state.
Occupational Therapist	Applicant will be a graduate of an ACOTE-accredited OT program (the program must be accredited at time of graduation) and certified to practice as an Occupational Therapist or currently licensed to practice as an Occupational Therapist in their state.
Clinical Social Worker	Applicant will hold a Master's degree from CSWE-accredited program or doctoral degree and current licensure to practice as a Clinical Social Worker in their state
Clinical Psychologist	Applicant will hold a Doctorate in clinical psychology and be licensed to practice as a Clinical Psychologist in their state.
Registered Dietician	Applicant must hold an academic degree from an ACEND-accredited program, be national board certified by the Commission on Dietetic Registration (CDR) and currently licensed to practice as a Registered Dietician in their state.



ACC CARDIOVASCULAR TEAM MEMBERSHIP CATEGORY

(Sponsorship form – Signed by a FACC, AACC or CVT member)

As a member of the American College of Cardiology, it is my pleasure to recommend _____ for Cardiovascular Team membership at the American College of Cardiology. His/her interest in cardiovascular medicine combined with proven ability makes him/her an excellent candidate for membership. Becoming a Cardiovascular Team member of the College will open up a new level of education and access to information that will ultimately benefit his/her patients and their families.

Name of Sponsor (FACC, AACC or CVT member)

Member ID Number

Signature of FACC, AACC or CVT Sponsor

Note: This form can be mailed or faxed with the application or faxed directly from the sponsor's personal or business number.

This form should not be used for the AACC sponsorship letter.

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



Recruited By: _____

PROFESSIONAL TYPES

- | | |
|--|--|
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Registered Cardiac Electrophysiology Specialist |
| <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Registered Cardiac Sonographer |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Registered Cardiovascular Invasive Specialist |
| <input type="checkbox"/> Clinical Social Worker | <input type="checkbox"/> Registered Congenital Cardiac Sonographer |
| <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Registered Diagnostic Cardiac Sonographer |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Registered Dietician |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Registered Vascular Specialist |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Registered Vascular Technologist |
| <input type="checkbox"/> Physician Assistant | |

PERSONAL DATA

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

Prefix First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Mailing Address for ACC Mailings ☐ Home ☐ Work

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Principal Employment Information (for use in public directory & for membership directory)

Institution/Practice Name _____ Title/Position _____

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Phone _____ Alternate Phone _____ Fax _____

☐ Business Email _____

☐ Personal Email _____

(Please check the box to indicate preferred email for ACC communications)

PAYMENT

Membership Fee (must be enclosed) ☒ \$125* Have a promotional code? Enter it here: _____

* payment of \$100 annual dues plus a nonrefundable processing fee of \$25

☐ Check Payable to the American College of Cardiology ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Card # _____ CSC # _____ Exp. Date _____ Total Amount _____
(3-digit number on back of card)

RACE AND ETHNICITY

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Asian
☐ Hispanic or Latino ☐ White ☐ Other_____

EDUCATION

	Name of Institution	City/State	Date Graduated	Degree
Undergraduate (College, University, etc.)				
Graduate Training				

LICENSE INFORMATION Copy of Practicing License must be enclosed to process application

License State _____ Date Issued _____
License Number _____ License Type (RN, NP, PharmD, RCIS, etc.) _____

PRIMARY BOARD CERTIFICATION

State	Certification No.	Date Issued	Date Expired
Board Certification & Credentialing Body		Date of Certification	Date Expired

SECONDARY BOARD CERTIFICATION

State	Certification No.	Date Issued	Date Expired
Board Certification & Credentialing Body		Date of Certification	Date Expired

Percentage of professional time devoted to cardiovascular field? _____ % Since _____ year

Percentage of professional time devoted to the following (should add up to 100%)

Clinical Practice _____ Education _____ Research _____ Administration _____ Other (please describe) _____

CURRENT PROFESSIONAL SOCIETY MEMBERSHIPS

Name of Society

ACADEMIC APPOINTMENTS

Both past and present. Fill in all sections, or write "none" if that is the case.* Attach separate sheet if needed for additional appointments.

Name of Institution	City and State	Position or Title	Inclusive Dates

1. Primary work setting (select one):

- ☐ Cardiovascular Group
- ☐ Government Hospital or Agency-Military
- ☐ Government Hospital or Agency-Other
- ☐ Government Hospital or Agency-Veterans Affairs
- ☐ Industry (pharma, device)
- ☐ Insurance Company (HMO, PPO, IPA)
- ☐ Medical School/University
- ☐ Multi-Specialty Group
- ☐ Non-Governmental Hospital
- ☐ Retired
- ☐ Solo Practice
- ☐ Other, please specify_____

2. What is the ownership structure of your practice?

- ☐ Government Owned
- ☐ Hospital Owned
- ☐ Insurance Company Owned
- ☐ Medical School/University Owned
- ☐ Insurance Company Owned
- ☐ Not Sure
- ☐ Other, please specify_____

3. Specialties/Areas of interest (select as many as needed):

- ☐ 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)_____

4. How did you find out about CV Team membership in the ACC?

- ☐ Physician
- ☐ CV Team Colleague
- ☐ ACC.org
- ☐ Advertisement in Professional Journal
- ☐ Professional Conference
- ☐ Mail Promotion
- ☐ E-mail Promotion
- ☐ ACC State Liaison
- ☐ Other (please indicate) _____

5. What professional publications do you read? Please list in order of preference with #1 as most preferred.

1. _____
2. _____
3. _____
4. _____
5. _____

☐ SPONSORSHIP LETTER ATTACHED/ENCLOSED

Name of Sponsor

Applicant Signature

Date

Enclosed you will find a blank CVT Sponsorship Letter for your convenience. Any CV Team Member, Associate of the ACC, or FACC Member can sponsor a prospective CV Team Member for membership in the ACC.



**AMERICAN
COLLEGE *of*
CARDIOLOGY**

American College of Cardiology

2400 N Street NW
Washington, DC, 20037

Resource Center

Resource@acc.org
(800) 253-4636, ext. 5603
or (202) 375-6000, ext. 5603
(outside the United States and Canada)
Fax: (202) 375-7000

www.acc.org