



American College of Cardiology

FELLOW &
ASSOCIATE FELLOW

Membership Application

U.S., U.S. Territories and Canada Residents

Transform Cardiovascular Care. Improve Heart Health.



BE RECOGNIZED AS A PROFESSIONAL AT THE TOP OF YOUR FIELD

BECOME A MEMBER OF THE AMERICAN COLLEGE OF CARDIOLOGY

For those who qualify, becoming a **Fellow** of the American College of Cardiology signals a commitment to the highest standards of cardiovascular care.

By earning the right to include the initials FACC among your credentials, you let your patients, colleagues and employers know that you have been welcomed into one of the world's most distinguished organizations of cardiovascular professionals.

As a FACC, you'll unlock resources to help you make a difference in your patients lives, be recognized as a professional at the top of your field and ensure the success of your practice.

The College welcomes membership from cardiovascular clinicians, scientists, and individuals in other cardiovascular-related subspecialties.



CRITERIA FOR MEMBERSHIP

Election to membership in the ACC is based on training, specialty board certification, scientific and professional accomplishments and duration of active participation in a cardiovascular-related field. Members are expected to conform to high moral standards.

- Candidates must have completed training
- Fellows in Training may apply for FACC six months before CV training is completed. The application will be processed as pending, until training completion, post training academic and/or hospital appointment begins, and attainment of the cardiovascular specialist board certification
- Candidates must have an academic and/or a full-time cardiovascular position
- At least 75% of a candidate's professional activities must be devoted to cardiology
- Two letters of sponsorship from Fellows of the College must be included with the application

FELLOW (FACC) REQUIREMENTS FOR:

CLINICIAN

Candidate shall have certification by both a primary specialty board and an applicable subspecialty board which holds membership in either the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association. The candidate who began subspecialty training in 1990 and beyond shall show evidence of having successfully completed an accredited program and shall have a minimum number of in-training years as follows:

- Adult cardiology - three years
- Pediatric cardiology - three years
- Cardiovascular surgery - two years

ACADEMIC/SCIENTIST

The candidate who is not board certified applying through the academic/science track shall devote at least 75% of their professional activities to CV research and have made significant contributions to the *scientific literature published in cardiovascular-related peer-reviewed journals.

** Candidates **with** a PhD will need 20 articles in cardiovascular peer-reviewed journals with 10 first or senior authorship.*

*Candidates **without** a PhD will need 50 articles in cardiovascular peer-reviewed journals with 20 first or senior authorship.*

OTHER CARDIOVASCULAR-RELATED SUBSPECIALTIES

The candidate in other cardiovascular-related subspecialties such as hypertension, CV pathology, CV radiology, CV anesthesiology, vascular surgery, vascular medicine and nuclear cardiology shall have passed the primary board exam, have 10 articles in major cardiovascular peer-reviewed journals with 5 as first authorship, or has a leadership role as chief of cardiology or director of a major laboratory at an academic or academic-affiliated institution, or associate professor or professor.

Candidate shall provide evidence from the community of recognition as a specialist or as a scientist.

ASSOCIATE FELLOW REQUIREMENTS FOR:

CLINICIAN

The candidate shall have completed the training required by both primary and cardiovascular-related subspecialty boards, which hold membership in either the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association. For those candidates who began subspecialty training in 1990 or beyond, see requirements under "Fellow".

ASSOCIATE FELLOW REQUIREMENTS *Continued*

ACADEMIC/SCIENTIST

The candidate lacking primary specialty board certification and applying through the academic/science track shall devote at least 75% of professional activities to CV research and have made contributions to the *scientific literature, published in cardiovascular-related peer-reviewed journals.

* Candidate **without** a PhD will need 10 articles with 5 first or senior authorship in cardiovascular peer-reviewed journals.

OTHER CARDIOVASCULAR-RELATED SUBSPECIALTIES

The candidate in other cardiovascular-related subspecialties such as hypertension, CV pathology, CV radiology, CV anesthesiology, vascular surgery, vascular medicine, or nuclear cardiology and primary care without primary board certification, will need equivalent training. At least 75% of the candidate's professional activities must be devoted to the field of cardiovascular disease.



DISCOVER THE VALUE OF ACC MEMBERSHIP

The College provides the collective voice for your profession — advocating on your behalf on the local, regional and national levels, and indeed on the international level as well, as it relates to advancing cardiovascular medicine and improving patient care. Not only will it provide you with networking and education opportunities to keep you up-to-date and at the top of your field, it will also save you nearly \$2,000 each year on resources that will help support you as a CV professional.

The College offers direct value for the individual member. Taking advantage of ACC's renowned publications, products, programs, and services provides members with high quality and cutting-edge science, education, and clinical knowledge.

Free access to *CardioSource.org* Members receive access to *CardioSource*, the premier online resource for cardiovascular information and news. *CardioSource* offers access to clinical guidelines, *JACC* journals online content, continuing education products and programs and interactive online networking communities.

Free subscriptions to the *Journals of the American College of Cardiology* Members receive as benefits of dues payment the *JACC* journals, including *JACC*, *JACC: Cardiovascular Interventions*, *JACC: Cardiovascular Imaging* and *JACC: Heart Failure*.

Free subscription to *Cardiology* *Cardiology* is free to members and covers professional news, trends and science; it provides members with insight to what is happening in cardiac care.

Free subscription to *Cardiosource WorldNews*, providing news in cardiovascular science, practice and quality patient care.

Discounted registration to the ACC Annual Scientific Session

Free & discounted educational programs Members qualify for discounted registration to educational programs and discounted prices on all of the College's educational products – premier resources for board certification, self assessment, maintenance of certification and performance

improvement. The new online lifelong learning portfolio also provides access to FREE self-assessment opportunities!

Chapter involvement Local chapters offer members networking, education and the opportunity to make a difference in their communities. U.S. state and selected country chapters provide leadership in cardiovascular medicine.

Member section and council participation The ACC has communities within the College dedicated to advancing the priorities of members with a specific specialty or interest. Interest areas include: Academics, Adult Congenital & Pediatrics, Cardiovascular Imaging, Early Career, Geriatric Cardiology, Heart Failure & Transplant, Interventional Cardiology, Sports & Exercise, Thoracic Surgery, Women in Cardiology and more.

Access to Standards and Guidelines Critical information is always within your reach and includes the ACC/AHA Guidelines and ACP/ACC/AHA Clinical Competence Statements.

Access to the ACC CardioAdvocacy Network (ACC/CAN) Access a grassroots network designed to keep you up-to-date on key healthcare issues before Congress and ways to get involved.

Access to *CardioSmart.org* and its patient education and medication adherence tools, to enhance communications with your patients.

THE APPLICATION PROCESS

- Use the enclosed form or complete an online application at www.CardioSource.org/Join. All sections must be complete.
- *Applicants are required to obtain two letters of sponsorship. The letters must be on the sponsors' business letterhead, dated, signed by the sponsor and included with the application, otherwise, the application will not be processed or reviewed. Sponsoring Fellows must be well acquainted with your current professional activities. At least one of the sponsors must be from your geographic area of professional activity; however, only one of the sponsors can be from a partner or colleague who works in your office. You are also limited to one sponsor from your training program. Relatives may not sponsor. Each letter must clearly have been originally written by the sponsor (substantially identical letters will be rejected). Letters should detail accomplishments of distinction by the candidate, such as positions of hospital, medical society, educational, or academic leadership.

SUBMIT THE APPLICATION PACKET CONSISTING OF:

1. APPLICATION FORM AND ATTACHMENTS
2. LETTERS OF SPONSORSHIP
3. BIBLIOGRAPHY, IF APPLYING THROUGH THE ACADEMIC/ SCIENCE TRACK OR LACKING BOARD CERTIFICATION
4. COPY OF MEDICAL OR DOCTORAL DEGREE CERTIFICATE, TRANSLATED TO ENGLISH IF RECEIVED FROM AN INSTITUTION OUTSIDE THE U.S.
5. IF PHD, PLEASE INCLUDE COPY OF CERTIFICATE
6. PAYMENT OF ANNUAL DUES AND NONREFUNDABLE APPLICATION FEE

Mail application and attachments only to:

American College of Cardiology
Membership Services
2400 N St. NW
Washington, D.C. 20037
(202) 375-6000, ext. 5439
Phone: (202) 375-6000, ext. 5439
(800) 253-4636, ext. 5439
membership@acc.org

ANNUAL DUES AND FEES

	U.S.	Canada
Fellowship:	\$770	\$435
Associate Fellowship:	\$770	\$435
Application Fee:	\$150	\$150
Total Payment to Accompany Application:	\$920	\$585

New applicants must include payment for annual dues plus a nonrefundable application fee of \$150. If advancing members have already paid dues, they need only include the application fee. (Note: annual and chapter dues must be current in order for your application to be reviewed.) All dues payments include a print and online subscription to the College journals: the *Journal of the American College of Cardiology (JACC)*, *JACC: Cardiovascular Imaging*, *JACC: Cardiovascular Interventions* and *JACC: Heart Failure*.





FELLOW/ASSOCIATE FELLOW APPLICATION

Residents in the U.S., U.S. Territories and Canada

Applications must be completed in its entirety. Please print or type ("See CV" is not acceptable)

Additional application forms can be found on www.CardioSource.org/Join

PERSONAL DATA

Fellow Associate Fellow

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

Prefix First Name Middle Initial Last Name Suffix

Race/Ethnicity

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

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

Company URL Business Email Personal Email (please indicate preferred email for ACC communications)

PAYMENT PAYMENT MUST BE INCLUDED WITH APPLICATION.

- A new member should include US \$770 for 2014 dues. US \$150 nonrefundable application fee. Total US \$920.00. New members applying from Canada should include US \$435 plus \$150 application fee, Total US \$585. State chapter dues will be assessed for a new member in the next billing year. An advancing member needs only to include the application fee if all dues obligations are fulfilled. (If uncertain, contact membership services.)

Mastercard Visa American Express Discover ACC does not accept any other credit cards

Card # CSC# (REQUIRED) Exp. Date

3 DIGIT NUMBER ON BACK OF CARD OR FRONT OF AMEX CARD

Check - payable in US funds drawn on a US bank. Check # Amount

SPONSORS

Please list the names of your sponsors. Applicants are required to obtain two letters of sponsorship from two Fellows of the College, which must adhere to specific criteria for the application to be processed or reviewed. *Important: please refer to requirements listed on previous page.

1. NAME, FACC STREET ADDRESS, CITY, STATE

2. NAME, FACC STREET ADDRESS, CITY, STATE

BOARD CERTIFICATION

Are you certified by a recognized medical specialty examining board in the U.S. or Canada? Please indicate:

- Advisory Board for Osteopathic Specialists of the American Osteopathic Association
 American Board of Internal Medicine
 American Board of Pediatrics
 American Board of Thoracic Surgery
 Canadian Royal College of Physicians and Surgeons
 Professional Corporation of Physicians of Quebec
 If from another country, name country and board:

Indicate which **Primary**, Subspecialty and Additional Board Certifications you have

Nationally Recognized Certifying Board(s)* _____

	Primary	Secondary	Tertiary
Name of Certification*			
Issue Date*			
Recertification Date*			

Other Specialty Certifications (list all that apply, excluding medical boards)

Certification	
Certification	
Certification	
Certification	
Certification	
Certification	

LICENSURE

Are you currently licensed to practice medicine? Yes No

Type	State/Province/Country	License No.	Date Issued

WORK SETTING

Which of the following best describes your primary work setting? (choose 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 _____

What is the ownership structure of your practice? (choose one)

- Government Owned
 Hospital Owned
 Insurance Company Owned
 Medical School/University Owned
 Physician Owned
 Not Sure
 Other, please specify _____

PROFESSIONAL TIME AND SPECIALIZATION(S)

Percentage of overall professional time devoted to the cardiovascular field: _____%

Of your CV professional work, indicate below the percentage of time you spend in the following specialization(s):

_____% Adult Congenital Cardiology	_____% Echocardiology/Echocardiography	_____% Preventive Cardiology
_____% Cardiovascular Surgery	_____% Electrophysiology	_____% Thoracic Surgery
_____% Cardiovascular Research	_____% MR Cardiology	_____% Vascular Medicine
_____% Clinical Cardiology/General Cardiology	_____% Nuclear Cardiology	_____% Other (specify): _____
_____% CT Cardiology	_____% Pediatric Cardiology	

AREAS OF INTEREST

Please indicate your top three areas of interest relevant to your primary clinical activities by entering 1, 2, and 3 below:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> HEALTH POLICY | <input type="checkbox"/> PHARMACOLOGY |
| <input type="checkbox"/> ADULT CARDIOLOGY | <input type="checkbox"/> HEART FAILURE/TRANSPLANT | <input type="checkbox"/> PHYSICAL MEDICINE |
| <input type="checkbox"/> ADULT CONGENITAL CARDIOLOGY | <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> PHYSIOLOGY |
| <input type="checkbox"/> ANESTHESIOLOGY | <input type="checkbox"/> INTERNAL MEDICINE | <input type="checkbox"/> PREVENTIVE CARDIOLOGY |
| <input type="checkbox"/> ARRHYTHMIAS and DEVICES | <input type="checkbox"/> INTERVENTIONAL CARDIOLOGY | <input type="checkbox"/> PUBLIC HEALTH |
| <input type="checkbox"/> CARDIAC REHAB | <input type="checkbox"/> INVASIVE CARDIOLOGY | <input type="checkbox"/> PULMONARY DISEASE |
| <input type="checkbox"/> CARDIOTHORACIC SURGERY | <input type="checkbox"/> LIPIDS CLINIC | <input type="checkbox"/> RADIOLOGY |
| <input type="checkbox"/> CONGENITAL CARDIAC SURGERY | <input type="checkbox"/> MR/CT CARDIOLOGY | <input type="checkbox"/> RESEARCH |
| <input type="checkbox"/> CRITICAL CARE MEDICINE | <input type="checkbox"/> NEPHROLOGY | <input type="checkbox"/> SPORTS & EXERCISE CARDIOLOGY |
| <input type="checkbox"/> ECHOCARDIOGRAPHY | <input type="checkbox"/> NUCLEAR CARDIOLOGY | <input type="checkbox"/> THORACIC SURGERY |
| <input type="checkbox"/> ELECTROPHYSIOLOGY | <input type="checkbox"/> NUCLEAR MEDICINE | <input type="checkbox"/> TRANSCATHETER VALVE THERAPY |
| <input type="checkbox"/> EMERGENCY MEDICINE | <input type="checkbox"/> PATHOLOGY | <input type="checkbox"/> VASCULAR & INTERVENTIONAL |
| <input type="checkbox"/> ENDOCRINOLOGY | <input type="checkbox"/> PEDIATRIC CARDIOLOGY | <input type="checkbox"/> RADIOLOGY |
| <input type="checkbox"/> FAMILY PRACTICE | <input type="checkbox"/> PEDIATRIC INTERVENTIONAL | <input type="checkbox"/> VASCULAR MEDICINE |
| <input type="checkbox"/> GENERAL CARDIOLOGY | <input type="checkbox"/> RADIOLOGY | <input type="checkbox"/> VASCULAR SURGERY |
| <input type="checkbox"/> GERIATRICS/AGING and CV DISEASE | <input type="checkbox"/> PEDIATRICS/NEONATAL | <input type="checkbox"/> OTHER _____ |

WORK ACTIVITIES

Indicate % of work time devoted to each, totaling 100%

_____% Research ____% Education ____% Clinical Practice ____% Administration ____% Other

Current Medical Society Membership(s) _

EDUCATION

Please be as accurate and complete as possible. (Include any military service, sabbaticals, etc.) **NOTE: If there is a break in the chronology, please use a separate sheet to indicate activity/location/dates.** If your medical degree was received from an institution outside the U.S., send a copy of the diploma with English translation. If Ph.D., please provide copy of certificate.

	Name, City and State of Institution	Date Graduated	Degree
College or University			

POSTGRADUATE TRAINING - APPOINTMENTS (E.G., INTERN, RESIDENT, FELLOW)*

Please enclose a copy of your training certificate(s).

Name, City and State of Institution	Area of Specialization	Inclusive Dates

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, City and State of Institution	Position or Title	Inclusive Dates

HOSPITAL APPOINTMENTS

Both past and present, including staff appointments and admitting privileges. Fill in all sections, or write "none" if that is the case.*

Name, City and State of Institution	Position or Title	Inclusive Dates

MILITARY SERVICE

Branch and Assignment	From	To

PUBLICATIONS

If applying through the academic/science track, a bibliography must be included. In order for your application to be evaluated fairly, please organize your bibliography using the format below; otherwise, your application will be considered incomplete and will not be reviewed. List precisely as published with the authors, title of article, name (volume, page and date) of journal. Provide the name of the index where each publication is listed, or state "not indexed" if that is the case. **Do not send reprints of articles, abstracts, etc.**

(Write "NONE" if applicable.)

List and number in separate categories as follows:

- | | |
|---|-------------------------|
| (1) Published papers in cardiovascular-related peer-reviewed journals | (3) Published abstracts |
| (2) Textbook chapters, invited articles and reviews | (4) Miscellaneous |

DISCLOSURE

1. Has your medical license ever been suspended, terminated, or reduced in scope?
 Yes No If yes, explain fully on separate page.
2. Have you ever had hospital staff privileges denied, reduced in scope, or rescinded for cause?
 Yes No If yes, explain fully on separate page.
3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution, or government agency?
 Yes No If yes, explain fully on separate page.
4. Have you ever been convicted of or pled guilty to a felony or other serious crime?
 Yes No If yes, explain fully on separate page.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same, whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I agree that communications of any nature made to the College regarding my fitness for membership may be made in confidence and shall not be made available to me under any circumstances. I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent. I hereby release from all liability the American College of Cardiology and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership in the American College of Cardiology for which I now apply. I hereby agree that the American College of Cardiology may verify any of the above data.

If elected, I agree to conform to the Bylaws of the College and its Code of Ethics. Information available to me can be found at

www.CardioSource.org/ethics

SIGNATURE OF APPLICANT

DATE



AMERICAN COLLEGE OF CARDIOLOGY

Membership Services
2400 N Street, NW
Washington, DC 20037

Phone: (202) 375-6000 ext: 5439 • Email: membership@acc.org • (800) 253-4636 ext: 5439