



AMERICAN
COLLEGE *of*
CARDIOLOGY



Become a
**Cardiovascular
Team Member**
of the American
College
of Cardiology

Application
for those in
the US, US
Territories
and Canada

One Membership. Many Benefits.

ACC is Your Professional Home.



Showcase your commitment
to quality patient care:

Become a Cardiovascular
Team Member of the
American College of
Cardiology.



The American College of Cardiology is the professional home for the entire cardiovascular team.

As a member, you'll gain access to tools and resources that will help you succeed from your training through retirement. And with thousands of member benefits, the ACC is there to help you overcome challenges on both the clinical and business side of medicine.

Cardiovascular Team members from across the care spectrum are invited to join the College, including Registered Nurses, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistants, Clinical Pharmacists, Genetic Counselors, Cardiac Rehabilitation Specialists and Cardiovascular Technologists.

Join us in our mission to transform cardiovascular care and improve heart health.

Applications will be immediately processed.



One Membership. Many Benefits.

What Does Your Membership Unlock?

The ACC is your professional home for tools and resources that support you in your efforts to provide high quality cardiovascular care to patients worldwide.

As a member you can:

Stay Informed

Read about the latest clinical developments in **FIVE Journals of the American College of Cardiology**—also available on iPad—including *JACC*, *JACC: Imaging*, *JACC: Interventions*, *JACC: Heart Failure* and *JACC: Clinical Electrophysiology*.
Access 300+ FREE Education Opportunities

Stay up-to-date and assess your knowledge and gaps with **FREE educational opportunities**, many of which offer CE credit.

Access Guidelines

Access **Guidelines**, Appropriate Use Criteria and Consensus Documents either online or on-the-go with ACC's new guidelines app.

Improve Patient Care

Gain access to ACC's quality initiatives including the NCDR Registries, along with **ACC's CardioSmart patient education website** and tools. Plus, use ACC's mobile apps to help you have productive conversations with patients about their conditions, treatments and care maintenance at the point of care.

Gain an Advocate for Your Interests

With the power of a collective voice, the ACC advocates on your behalf for your interests, to regulatory bodies, to payers and to policymakers at the federal and state levels.

Build Your Professional Network

Connect and collaborate with **nearly 50,000 cardiovascular professionals** worldwide. Network and learn at the local level with one of ACC's **50 local Chapters**. And **gain leadership experience and recognition** by participation on Councils, Committees and Work Groups.

Advance Your Specialty

Network and advance the priorities of your specialty and/or interest areas in one of over **16 Member Sections**, which serve as communities for driving strategy and initiative development for communities within the College including a **Section focused on the Cardiovascular Team!**

Access Member Savings

Save hundreds—even thousands—with deep discounts on ACC's digital products and live courses including the **ACC Annual Scientific Session**.

Advance Your Career

Access tools and resources to advance your career including **ACC's Mentoring Program**, advice within ACC Cardiology Careers and Research Funding Search Engine and Collaboration Network.

Access Mobile Applications

Get support to treat patients and manage patients on-the-go with mobile applications, including the **NEW Guidelines App**, and CardioSmart Explorer.



Membership Criteria

To apply for Cardiovascular Team membership, candidates must fall into one of the below categories and meet requirements for membership.

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.

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.

Clinical Pharmacist

Applicants must have a Clinical Pharmacist's PharmD degree and be licensed to practice in their state of employment.

Clinical Psychologist

Applicant will hold a Doctorate in clinical psychology and be licensed to practice as a Clinical Psychologist 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

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).

Genetic Counselor

Applicants must be certified by the American Board of Genetic Counseling 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.

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.

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.

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.

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.

Registered Nurse

Applicants must have an RN degree and be licensed to practice in their state of employment.



How to Apply: The Application Process

To apply, submit your application packet consisting of:

1. Completed Application Form
 - Make sure you include all relevant attachments, including copies of diplomas or certificates verifying appointments
2. Have a current FACC, AACC or Cardiovascular Team member of the ACC fill out the attached sponsorship letter located at the end of the application form
3. Copy of your practicing license or applicable certification (see "Membership Criteria" for list of appropriate documentation)
4. Payment of Annual Dues and Nonrefundable Application Fee.

Annual Dues and Fees

Payment must be enclosed with application for processing.

Cardiovascular Team Membership 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





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

I am applying as a: I am applying as a:

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

PERSONAL DATA

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

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 enclose \$125 with the application. (Payment of \$100 dues + \$25 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 _____

LICENSURE

Are you currently licensed to practice? ☐ Yes ☐ No

License Number	License State/Province	License Country	Date Issued	License Type
----------------	------------------------	-----------------	-------------	--------------

BOARD CERTIFICATION

Primary Board Certifying Body	State	Date of Initial Certification	Date of Expiration	Certification Number
-------------------------------	-------	-------------------------------	--------------------	----------------------

Subspecialty Board Certifying Body	State	Date of Initial Certification	Date of Expiration	Certification Number
------------------------------------	-------	-------------------------------	--------------------	----------------------

EDUCATION

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

POSTGRADUATE TRAINING – Internships, Residency, Fellowship (If applicable)

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

APPOINTMENTS (Hospital and/or Academic)

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

PROFESSIONAL TIME/CLINICAL FOCUS

Indicate the **percentage of time** dedicated to the cardiovascular field _____%

Number of years in CV Practice _____

Indicate **percentage of work time** dedicated to each, totaling 100%

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

Rank the top three areas of clinical focus where you spend most of your professional time working in by entering 1, 2, and 3.

- | | | | |
|--|--|--|--|
| <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 | | |

CME/CE INTEREST AREAS

Outside of your clinical focus, please check off **your top three areas of interest** in cardiovascular practice.

- | | | | |
|--|--|--|--|
| <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 | | |

CURRENT SOCIETY MEMBERSHIPS

Society Name	Office Held (if any)	Membership Start Date

How did you hear about membership?

☐ Email ☐ Direct Mail ☐ A current member: _____ ☐ Print Ad ☐ Web ☐ Other Promo Code: **CORE2015**

Please sign and date your application

Signature of Applicant

Date

Check before you submit! Ensure your application is completed in full and all required elements listed under "How to Apply" are included with your application.

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



ACC CARDIOVASCULAR TEAM MEMBERSHIP 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

Date

Mail or Fax 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

Fax: (202) 375-6842

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.