How to Apply: The Application Process

To apply, submit your application packet consisting of:
1. Completed Application Form
2. Payment of Annual Dues and Nonrefundable Application Fee.

Annual Dues and Fees
Payment must be enclosed with application for processing.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Cardiovascular Team</td>
<td>$113</td>
</tr>
<tr>
<td>Membership Annual Dues</td>
<td></td>
</tr>
<tr>
<td>Application Fee</td>
<td>$25</td>
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<tr>
<td>Total Payment to</td>
<td>$138</td>
</tr>
<tr>
<td>Accompany Application</td>
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***Membership to your state chapter is complimentary for the first billing cycle. Chapter dues will appear in the next billing.

Mail your entire packet to:
American College of Cardiology Resource Center
2400 N Street, NW
Washington, DC 20037

P: (202) 375-6000, ext. 5603
(800) 253-4636, ext. 5603
F: (202) 375-6842

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

I am applying as a:

- Clinical Nurse Specialist
- Clinical Pharmacist
- Clinical Psychologist
- Clinical Social Worker
- Exercise Physiologist
- Genetic Counselor
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Physician Assistant
- Registered Cardiac Electrophysiology Specialist
- Registered Cardiac Sonographer
- Registered Cardiovascular Invasive Specialist
- Registered Congenital Cardiac Sonographer
- Registered Diagnostic Cardiac Sonographer
- Registered Dietician
- Registered Nurse
- Registered Vascular Specialist
- Registered Vascular Technologist

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___________________________

CONTACT INFORMATION

Preferred Mailing Address

Specify type: Practice/Institution Home/Personal

Street Address
City
State/Province
Postal Code
Country

Practice/Institution Name (If applicable)
Department Name (If applicable)

Preferred Phone
Specify type: Practice/Institution Home/Personal Fax

Preferred Email
Specify type: Practice/Institution Home/Personal

Alternate Mailing Address (Not required)

Specify type: Practice/Institution Home/Personal

Street Address
City
State/Province
Postal Code
Country

Practice/Institution Name (If applicable)
Department Name (If applicable)

Alternate Phone (Not required)
Specify type: Practice/Institution Home/Personal Fax

Alternate Email (Not required)
Specify type: Practice/Institution Home/Personal

PAYMENT

Payment must be included with application to ensure processing

Please enclose $138 with the application. (Payment of $113 dues + $25 application fee)

- MasterCard
- VISA
- American Express
- Discover

ACC does not accept any other credit cards

Promo Code: ____________________

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

<table>
<thead>
<tr>
<th>License Number</th>
<th>License State/Province</th>
<th>License Country</th>
<th>Date Issued</th>
<th>License Type</th>
</tr>
</thead>
</table>

BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Primary Board Certifying Body</th>
<th>State</th>
<th>Date of Initial Certification</th>
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</thead>
<tbody>
<tr>
<td>Subspecialty Board Certifying Body</td>
<td>State</td>
<td>Date of Initial Certification</td>
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EDUCATION

<table>
<thead>
<tr>
<th>Education</th>
<th>Institution Name</th>
<th>Institution City/State/Country</th>
<th>Degree</th>
<th>Year Graduated</th>
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<tbody>
<tr>
<td>Undergraduate College/University</td>
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<tr>
<td>Graduate/Medical School</td>
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POSTGRADUATE TRAINING — Internships, Residency, Fellowship (If applicable)

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Institution City/State/Country</th>
<th>Position/Title</th>
<th>Start Date</th>
<th>End Date</th>
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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.

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<thead>
<tr>
<th>Institution Name</th>
<th>Institution City/State/Country</th>
<th>Appointment Type</th>
<th>Position/Title</th>
<th>Start Date</th>
<th>End Date</th>
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MILITARY SERVICE

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<thead>
<tr>
<th>Branch</th>
<th>Assignment</th>
<th>Start Date</th>
<th>End Date</th>
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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.

___ Adult Cardiology ___ Family Practice ___ Nuclear Cardiology
___ Adult Congenital Cardiology ___ General Cardiology ___ Nuclear Medicine
___ Anesthesiology ___ Geriatrics/Aging and CV Disease ___ Pathology
___ Arrhythmias and Devices ___ Heath Policy ___ Pediatric Cardiology
___ Cardiac Rehab ___ Heart Failure/Transplant ___ Pediatric Interventional Cardiology
___ Cardiothoracic Surgery ___ Hypertension ___ Pediatric Interventional Cardiology
___ Congenital Cardiac Surgery ___ Internal Medicine ___ Pediatrics/Neonatal
___ Critical Care Medicine ___ Interventional Cardiology ___ Pharmacology
___ Echocardiography ___ Invasive Cardiology ___ Physical Medicine
___ Electrophysiology ___ Lipids Clinic ___ Physiology
___ Emergency Medicine ___ MR/CT Cardiology ___ Preventive Cardiology
___ Endocrinology ___ Nephrology ___ Public Health
___ Other ______________________

CARDIOVASCULAR TEAM APPLICATION

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.

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