



CARDIOVASCULAR ADMINISTRATOR APPLICATION

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

I am applying as a: Practice Administrator Member of the Cardiovascular Service Line

PERSONAL DATA Birth Date (Month/Day/Year) _____ Gender M F NPI # (Optional, and if applicable) _____

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 ACC Practice ID# (if known)

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*

New Members: Include US \$275 with the application.

****Members of MedAxiom** receive a \$50 discount on their ACC membership. ACC dues for MedAxiom members are only \$200.00 plus the one-time application fee of \$25.00 (Please enclose \$225.00).

- 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 _____

WORK SETTING & STRUCTURE

Which of the following best describes your primary work setting? Choose one.

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

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 _____

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 | | |

PRACTICE SERVICES PROVIDED

Please check all that apply.

ADULT CARDIOLOGY SERVICES

- Cardiac Diagnostic Catheterization
- Cardiac Interventional Catheterization
- Cardiac CT
- Cardiac MR
- Cardiothoracic Surgery
- Echocardiography
- Electrophysiology
- General Adult Cardiology
- Pulmonary Hypertension
- Cardiac Rehabilitation
- Cardiomyopathy and Heart Failure
- Cardiovascular Genetics
- Cardiac Critical Care
- Emergency Medicine
- Exercise Testing and Physiology
- Heart Transplant Program
- Endocrinology
- Geriatrics
- Hypertension Management
- Lipid Clinic
- Nephrology
- Nuclear Cardiology
- Pacemaker Clinic
- Preventive Cardiology
- Vascular Medicine
- Other

PEDIATRIC CARDIOLOGY SERVICES

- Cardiac Diagnostic Catheterization
- Cardiac Interventional Catheterization
- Cardiac CT
- Cardiac MR
- Cardiothoracic Surgery
- Echocardiography
- Electrophysiology
- General Pediatric Cardiology
- Pulmonary Hypertension
- Cardiac Rehabilitation
- Cardiomyopathy and Heart Failure
- Cardiovascular Genetics
- Cardiac Critical Care
- Emergency Medicine
- Exercise Testing and Physiology
- Heart Transplant Program
- Fetal Medicine
- Nuclear Cardiology
- Pacemaker Clinic
- Preventive Cardiology
- Other

ADULT CONGENITAL HEART DISEASE SERVICES

- Cardiac Diagnostic Catheterization
- Cardiac Interventional Catheterization
- Cardiac CT
- Cardiac MR
- Cardiothoracic Surgery
- Echocardiography
- Electrophysiology
- General Adult Congenital Cardiology
- Pulmonary Hypertension
- Other

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

Send your completed, signed application and payment 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

E-mail: membership@acc.org