



# SCAI Membership Application

The Society for Cardiovascular Angiography and Interventions • 800.992.7224  
1100 17th Street NW, Suite 400, Washington, DC 20036 • [www.SCAI.org](http://www.SCAI.org) • [www.SecondsCount.org](http://www.SecondsCount.org)

## CONTACT INFORMATION

Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Title: \_\_\_\_\_ Degree(s):  MD  PhD  DO  Other: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address Type (Preferred):  Business  Home Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email (required): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician NPI Number (For U.S. only): \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

### HOW DID YOU BECOME AWARE OF SCAI?

Advertisement  Email  Already Aware  [www.SCAI.org](http://www.SCAI.org)

Colleague: \_\_\_\_\_  Other: \_\_\_\_\_

## PROFESSIONAL BACKGROUND

### PRACTICE SPECIALIZATION

- Adult Interventional Cardiology
- Pediatric Interventional Cardiology
- Pediatric/Adult Structural Heart Disease

#### Years in Invasive/Interventional Practice

- Fellow-in-training
- Less than 5 years (*Post fellowship*)
- 5 - 9 years
- 10 - 20 years
- More than 20 years

### PRINCIPAL PRACTICE SETTING

- Cardiovascular Group
- HMOs
- Hospital: Academic
- Hospital: Community
- Industry/Research
- Military
- Multispecialty Group
- Solo Provider
- Veterans Affairs (VA) Medical Centers

#### Cath Lab Type

- Diagnostic Only
- PCI without Surgery
- PCI with Surgery
- Not Applicable

### RESPONSIBILITIES

#### Cath Lab Role

- Cath Lab Director
- Cath Lab Manager
- Cath Lab Administrator
- Nurse/Nurse Practitioner/Physician Assistant
- Technologist
- Educator

#### Program Director

- Endovascular Training
- General Cardiology
- Interventional Training
- Structural Heart Disease Training
- Other: \_\_\_\_\_

### AREAS OF PRACTICE

Check as many as applies and provide % of time spent. Format list for 100%.

- |   |   |
|---|---|
| <input type="checkbox"/> _____ % Atrial Fibrillation                    | <input type="checkbox"/> _____ % Pediatric Interventions  |
| <input type="checkbox"/> _____ % Clinical Cardiology/General Cardiology | <input type="checkbox"/> _____ % Peripheral Interventions |
| <input type="checkbox"/> _____ % Coronary Interventions                 | <input type="checkbox"/> _____ % Physiology/Imaging       |
| <input type="checkbox"/> _____ % Geriatrics                             | <input type="checkbox"/> _____ % Structural Interventions |
| <input type="checkbox"/> _____ % Heart Failure/Transplant               | <input type="checkbox"/> _____ % Other: _____             |
| <input type="checkbox"/> _____ % Medical Management                     |   |

### TOPICS OF INTEREST

- Advocacy
- Business Issues (*i.e. coding, insurance, etc.*)
- Quality Issues-Registries

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**QUESTIONS?**  
 Call 800.992.SCAI



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## MEMBERSHIP TYPE *\*Documentation will be required to complete application file.*

### U.S. & CANADA APPLICANTS

**Early Career**

**Fellow-in-Training\*** *(online journal only)* ..... ~~\$770~~ **FREE**  
 Enrolled in an interventional training program  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**First-Year Interventionalist Member\*** *(online journal only)* ..... ~~\$770~~ **FREE**  
 Significant percent of time performing catheterization and/or endovascular procedures  
 Interventional Training End Date: \_\_\_\_\_

**Second-Year Interventionalist Fellow (FSCAI)\*** ..... ~~\$770~~ **\$385**  
 ABIM/AOBIM certified in interventional cardiology  
 Interventional Training End Date: \_\_\_\_\_

- Fellow\* (FSCAI)** ..... **\$770**  
 ABIM/AOBIM certified in interventional cardiology, one year in practice, and 100+ procedures post training; -OR-  
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric).
- Member\*** ..... **\$770**  
 Significant percent of time performing catheterization and/or endovascular procedures
- Advancement to Fellowship\*** *(current dues-paying member only)* ... **\$105**  
 ABIM/AOBIM certified in interventional cardiology, one year in practice, and 100+ procedures post training; -OR-  
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric).

- Cardiovascular Professional Member** ..... **\$140**  
 The below attestation and a CV is required to complete application.

**Cath Lab/Endovascular Lab Director Attestation of Experience\***

Physician Name (Last, First, MI): \_\_\_\_\_  
 Degree(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

I attest that the applicant listed above has had one year or more experience involved in the field of cardiovascular and/or endovascular angiography and/or interventions (including education) and spends greater than 75% of his/her time involved in any of those areas and is in good standing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INTERNATIONAL APPLICANTS

- International Fellow (FSCAI)\*** ..... **\$415**  
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric)
- International Associate\* (online journal only)** ..... **\$135**  
 Current member of a non-U.S. interventional society  
 List Society: \_\_\_\_\_

## PAYMENT INFORMATION

**Total Amount Paid: \$** \_\_\_\_\_ **Check #:** \_\_\_\_\_ *(Checks should be made payable to SCAI)*

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **CCV #:** \_\_\_\_\_

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 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 Society for Cardiovascular Angiography and Interventions Foundation 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 Society for Cardiovascular Angiography and Interventions for which I now apply.

I hereby agree that The Society for Cardiovascular Angiography and Interventions may verify any of the above data. If approved for membership, I agree to conform to the Code of Ethics and Bylaws of the Society (available upon request).

I hereby understand that my payment today is non-refundable, to cover processing fees and immediate initiation of CCI Journal subscription.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Onsite

*\*SCAI staff will follow up with you for missing documentation*



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