



## COMMITTEE & COUNCIL ROLES, RESPONSIBILITIES & TIMELINES

Committees & Councils play an integral role in SCAI fulfilling its mission and implementing its strategic plan. Committees & Councils support all six pillars of the Strategic Plan and therefore must be well structured and organized to effectively achieve SCAI's goals. The current document will provide an updated governance structure and provide council and committee members:

- 1) Understanding about the roles, authority and decision-making processes
- 2) Clarity regarding committee expectations
- 3) Optimal communication between committees, leadership and staff
- 4) Ability to evaluate programmatic value and recognize achievement

**The goal is for this structure to optimize council and committee members' satisfaction for time and effort spent on behalf of SCAI.**

### **SCAI Clinical Interest Councils (CIC) and Committees**

The following is a brief overview and description of the organizational structure of SCAI Committees and Clinical Interest Councils. The mission and goals of each entity are summarized below. The basic underlying premise is that Councils function to serve the interest – and address SCAI members' issues – in all of the various professional/clinical content areas relevant to SCAI members and the Society at large (e.g. Congenital, Coronary, Structural and Vascular Disease). Committees address "content areas" and serve a strategic and visionary role. *(For example, the Structural Heart Disease Council may identify a clinical trial that could have an impact for SCAI members. The Council Liaison to appropriate committees such as Education, Annual Meeting, Programming and Quality would share their insight about the trial, potential consequences and suggest activities that SCAI might engage in to address the issue. Additionally, if an individual committee needs additional expertise to support a specific activity, they will reach back to the Council to identify and provide council members to serve.)*

Clinical Interest Councils and relevant committees such as Advocacy, Communications, Membership, PICES, Education, Annual Meeting, International Programs, Quality Improvement and Publications will communicate activities through a Coordination mechanism. Councils should plan to have quarterly conference calls and optional face-to-face meeting at SCAI's annual conference. The role of the Councils will be to identify needs in their expert content area for which SCAI may be able to provide value to members, patients, and the field in general. During their meetings, they will discuss current issues and identify possible ideas to address/fulfill the needs. They will then interface with the appropriate committee(s) to develop and implement action plans to address the identified needs. Conversely, when a committee is developing an activity around a specific clinical interest area, the committee will engage the relevant Clinical Interest Council to identify experts to serve in various roles and as resources, and thus collaborate. Appointment process & structure for CICs is the same as that for Committees (described below). Transition for CICs is ever-evolving as SCAI perfects this collaboration.

### **SCAI Clinical Interest Councils\***

- **Coronary Disease** – Address patient care and SCAI member issues pertaining to ischemic heart disease and other associated states. Includes, but not limited to, the following content areas (which could constitute subcommittees or working groups):
  - PCI, including high-risk, left main and bifurcation, and “supported” (e.g. CHIP, etc.)
  - CTO
  - Coronary physiology and imaging (e.g. FFR/iFR, IVUS, OCT, flow dynamics)
  - Interventional Heart Failure
  - Prevention and risk factor modification
- **Structural Heart Disease** – Provide a forum for structural heart disease specialists within SCAI to collaborate on both general and specific issues to ensure patients receive optimal care. Includes, but not limited to, the following content areas (which could constitute subcommittees or working groups):
  - Valvular heart disease
  - Non-valvular structural heart disease (e.g. PFO/ASD/VSD/Pericardial disease, etc.)
- **Vascular Disease** – Address patient care and SCAI member issues in ischemic heart disease and other associated states. Includes, but not limited to, the following content areas (which could constitute subcommittees or working groups):
  - Peripheral artery disease
  - Cerebral vascular disease (including carotids and vertebral)
  - Venous disease
  - Pulmonary Embolism and associated conditions
- **Congenital Heart Disease** – Address patient care and SCAI member issues that pertain to pediatric and adult congenital (in conjunction with the Structural Advisory Council, where appropriate) heart disease and other associated states. Provide a forum to further the education, advocacy and information exchange within the pediatric interventional community.

A shared goal for each of these **Clinical Interest Councils** is to promote proper communication among all Society activities related to the specific area of interest, and to encourage collaboration with other professional societies with similar interest.

## Committees

SCAI's Committees are aligned to support the Pillars of the Strategic Plan. Where the Clinical Interest Councils provide insight and resources, the committees are the "work horses". They are structured and organized around programs and departments of the organization and serve the function of developing and overseeing the implementation of tactical activities. Committees are comprised of a Chair & Co-Chair with voting members.

## Advocacy

- **Advocacy** – Ensure that the Society's members have a strong, independent voice advocating on behalf of members and their patients.
- **SCAI PAC** – Increase Congressional interest in - and backing for - legislation favorable to SCAI members and their patients by drafting policy positions, raising funding and engaging in activities to support PAC efforts at a National level (excluding Presidential elections).

## Community

- **Communications** – Coordinate all efforts supporting communications to SCAI membership, broader environment and patients through public relations, secondscount.org, SCAI website, editorial boards and other media.
- **Membership** – Evaluate membership value, engagement, and opportunities in all related constituencies to increase membership and membership value. Scope includes both domestic and international needs and opportunities.
- **Credentials** – Review and approve all member applications including FSCAI and MSCAI; propose updated criteria from time to time, as needed.
- **Cardiovascular Professionals** – Identify needs and gaps in SCAI activities to better serve cardiovascular professionals. Help develop and oversee implementation of tactical activities or identify an appropriate committee and provides resources.
- **WIN** – Foster professional development, education, collaboration and research by and on behalf of women in cardiology and their patients through education, networking and partnerships.
- **Early Career Leader Mentorship (ELM)** – Identify the needs and develop programs to support physicians participating in the program and foster SCAI members' success and its leadership base.
- **PICES** – Work with autonomous group to provide greater support to members who provide pediatric cardiovascular care.

## Education

- **Educational Programs & Online** – Plan education, face-to-face and online, for all non-annual meeting programming. Programs include, but not limited to: eSCAI.org; Fall Fellows & FIT Portal. For each, the Committee will develop an overarching, multi-year strategy in keeping with SCAI's strategic plan. The Plan will identify education to fulfill gaps and needs for members and other audiences. Programming will be coordinated with other appropriate committees such as International, Quality Improvement, Communications and Annual Meeting. Subcommittees to help with content development and implementation will be drawn from CICs. All CME will be reviewed by CME Oversight Committee from beginning. Committee also identifies Chairs for Annual Program Committee and Fall Fellows.

- **CME Oversight** – Responsible for total oversight of all CME activities for SCAI from inception through presentation evaluation. Duties include identification and resolution of any conflicts, ensuring no undue influence and enforcement of all SCAI CME policies.
- **Annual Meeting** – Plan the scientific program for SCAI Annual Scientific Sessions and present plans to the Board of Trustees (in accordance with ACCME requirements). Also recommends Program Committee to Executive Committee for final approval. All aspects of development will involve CME Oversight Committee from the beginning.
- **International Programs** – Develop and foster SCAI’s close, productive and respectful partnerships with interventional societies worldwide, including but not limited to education, guidelines and leadership. Identify and analyze potential opportunities using standardized evaluation criteria. Coordinate opportunities with other appropriate Committees within SCAI and in keeping with SCAI Strategic Plan.

### Quality

- **Quality Improvement** – Provide guidance and recommendations for development of the Society’s policies and positions related to healthcare quality improvement initiatives, emphasizing quality measures, public reporting of quality measures, pay-for-performance initiatives, standards and radiation issues, occupational health concerns.

### Research

- **Publications** – Promote optimal patient care through educational, policy, clinical guidance, and scientific documents that reflect the current state of the science in interventional cardiology. Publication ideas, messages and final documents reviewed and approved by Board of Trustees.
- **Additional SCAI Research Initiatives** – In the future there may be a need for an additional committee or task force to manage additional research initiatives.

### Sustainability

- **Development & Industry Relations** – Develop and maintain relationships with industry partners in accordance with SCAI’s policies. Identify new channels, grants and partnership opportunities for more diversified funding, and create individual giving opportunities.
- **Finance** – Monitor the financial affairs of the Society, recommend the budget and provide opinions concerning budget requests, investments, audits and financial policies.
- **Bylaws & Ethics** – Annually review and update the Society’s bylaws, code of ethics and related policies and serve as the adjudication committee for enforcement.
- **Nominating** – Review candidate applications for nominations, developing a slate for review by Board of Trustees and submission to membership at SCAI’s Annual Business Meeting as well as periodically review qualifications for positions.

**Pathway to Council and Committee Involvement**

All committees will continue to encourage SCAI members to join. However, there is a more structured process than in the past to allow for increased engagement among full membership, hopefully clarifying and removing barriers to entry.

A Call for Service to SCAI will be sent to all SCAI members in October (Exhibit A). The call will remain open until the end of November. Members can self-nominate and will be included in a list of candidates shared with the President-Elect. Additionally, the President-Elect and SCAI staff will work with committee Chairs and Co-Chairs to identify current members to potentially reappoint, members who may need to be asked to step down, and new ideas for prospective members. Recommendations will be included in the list of prospects and identified accordingly. The President-Elect will receive a roster of all committees, open positions and prospects.

The President-Elect (with staff support) will fill all open positions and make other appropriate changes to committees using Chairs’ input along with the applications received. Recommendations will be submitted to the Board of Trustees for further input and comment. Once approved by the Board of Trustees, the Governance Assistant will send out all formal invitations with information about the committee and expectations. A letter to all council and committee members who were not selected for appointments will be sent, offering alternative opportunities to remain engaged with the organization during the year and encourage submission for consideration in the following year (Exhibit B). Additionally, anyone who wishes to be personally reminded of the Call to Service for SCAI can be added to a list to receive an email when the Call is sent out in October next year.

The process will begin in October and conclude no later than March, giving time for notifications to committee members to attend the kick-off meeting at SCAI’s Annual Meeting.



**Individual Committee and Clinical Interest Councils Structure**

It is intended for members to serve on only one committee or CIC at a time unless there is specific reason. Additionally, Board Members should not serve as Committee or CIC Chairs or Co-Chairs. The structure and number of members may be altered in future years as SCAI further improves this process. In the interim 2-3 years as SCAI transitions to this new system, there may be more members on a Committee or Council than is ideal. This is to ensure continued engagement of long-time members while opening new opportunities as well.

<b>Committee</b>	<b>Leadership</b>	<b>Members (incl Chairs)</b>	<b>Qualifications (if desired)</b>
Annual Meeting	Chair & Co-Chair (Each Adult & CHD)	10-15	4 Track Directors – Track Chairs should have previous experience on Committee
Bylaws & Ethics	Chair	5 min	1 ExComm representative
Cardiovascular Professionals	Chair	13-15	CVP position or connection
CME Oversight Committee	Chair & Co-Chair	30-35	Even representation of all expertise areas

Communications	Chair & Co-Chair Plus Editor-in-Chief	17 12 5 TBD	Reps for PR, SCAI.org Secondscout social media Editorial Board
Credentials	Chair and Co-Chair	8-10	Willingness to conduct monthly online reviews
Development & Industry Relations	Chair & Co-Chair	10-15	Industry Connections Willingness to fundraise
Education	Chair & Co-Chair	15-20 20-25	Committee Online Subcommittee
ELM/ECE	Chair & Co-Chair	8-10	ELM graduate or mentor
Finance	Chair & Co-Chair	5-9	Treasurer (ex-officio not included in 5-7) Non-ExComm or Board Financial understanding helpful
Health Policy	Chair & Co-Chair	10-12	Congressional connections helpful but not needed
International Programs	Chair & Co-Chair	10-15	Include representation from various regions
Membership	Chair & Co-Chair	10-15	Reps for each: EC, FIT, Transitions, Int'l, Peds
Nominating	Chair (Imm. PP)	7	Pres, P-E, VP, 4 At-large
PICES			SCAI doesn't make appts
Publications	Chair & Co-Chair	12-15	
Quality Improvement	Chair & Co-Chair	12-15	
SCAI PAC	Chair	5-10	May be subcommittee of Health Policy in future
WIN	Chair & Co-Chair	10-15	

<b>Clinical Interest Councils</b>			
Congenital Heart Disease	Chair & Co-Chair	10-15	
Coronary Heart Disease	Chair & Co-Chair* Section Heads (4) for PCI (hi-risk/supported); CTO; Physiology/Imaging; Intvl Heart Failure	15-25	*Co-chair may also be section head for one area
Vascular Disease	Chair & Co-Chair* Section Heads (4) for PAD; CVD; Venous; PE	15-25	*Co-chair may also be section head for one area
Structural Heart Disease	Chair & Co-Chair* Section Heads (2) for Valvular and Non-Valvular	15-25	*Co-chair may also be section head for one area

### **Length of Terms & Expectations**

All terms will begin and end at beginning of SCAI's Annual Conference. The Chair will serve for one year with an option to be renewed with the Co-Chair following suit. (There are a couple of Committees that the term of the Chair is two years and they are specifically designated as such.) The Co-Chair will move into the position of Chair when the predecessor concludes his/her term, unless there are special circumstances. All other members of will be voting members. Members of the committee will serve three-year terms with the option for a second term (but not more). Member terms should be staggered to ensure continuity.

Committee members will be expected to participate in a majority of meetings and conference calls and be an active contributor to the committee's work. If, at the end of a given year, a member has been unable to fulfill this commitment, he/she will not be reappointed. Should the situation change in the future and he/she is able to commit their time again, he/she will be eligible for reconsideration.

### **Committee Responsibilities**

Committees are responsible for developing the concepts and content for value-based programs serving SCAI members. Each committee will receive charges from the Board of Trustees in January that will offer some guidance in planning for the coming year's activities. **NOTE: Annual Meeting Committee has different responsibilities, budget cycle and timeline described in a separate section below.**

- Beginning at the face-to-face meeting in May, committees will develop goals and tactical implementation plans constituting an Annual Workplan to fulfill the charges. Staff will help research support data including financial requirements for the plan. – **Due June 15**
- Work to implement pre-determined goals throughout the year.
- Each time the Board of Trustees has a conference call, staff will reach out to committee chairs with an opportunity to report out activities of the committee, utilizing a brief Reporting Form. This is not mandatory but helpful to the Board. Additionally, it is an opportunity to formally ask for any reviews or approvals that require Board decisions. Staff will send the report at least 3 weeks ahead of any Board call. There will likely be one Board meeting annually that all Committee Chairs are requested to report on activities. – **Quarterly reports dates provided in May**

### **New Committee Chairs & Members – What to Do**

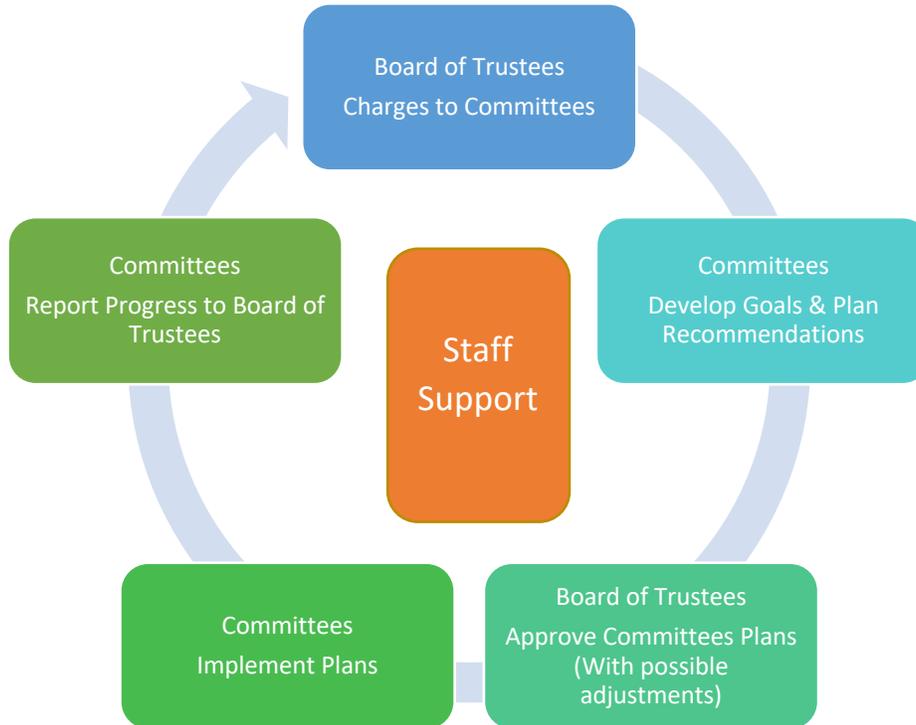
New committee Chairs & Co-Chairs will be invited to participate in an orientation conference call with the President-Elect in April. This orientation will review primary responsibilities, policies and answer any questions. Additionally, new Chairs & Co-Chairs should:

- Review all transferred materials including previous minutes
- Read the Leadership Guide for greater understanding of processes and timelines
- Review charges from President-elect to help develop draft committee goals/direction for the year
- Have a call with Trustee and staff liaisons to discuss goals, meeting times and ideal communications
- Following May meeting, develop a Workplan with committee goals, resource requirements (with staff help) and recommendations for Board of Trustees approval
- Following approval, begin implementation of all non-financial activities with budget approvals in Dec

New members should:

- Read all transferred materials including minutes to get up to speed on activities
- Plan to attend the committee meeting that takes place during SCAI's annual meeting
- Include all planned committee meetings on your calendar for the coming year (if available)
- Make all efforts to participate in committee calls (let Staff Liaison know if unable to participate)

### **Decision-making Process**



### **Committee Support**

For committee members' time to be spent most productively, leadership appoints two people to provide guidance and support. Specifically, each committee is assigned a Trustee liaison from the Board as well as a Staff Liaison. (Exhibit C – Trustee Liaisons; Staff Liaisons can be found on Organization Chart)

The Trustee liaison is an elected officer designated to work with your committee or council. They are a non-voting member, unless otherwise appointed and serving a dual role. As liaison, they are your contact with, and representative to, the Board of Trustees. They will help move any requests from the committee or council to the Board for approval. The Trustee liaison does not have a vote and does not necessarily participate in all meetings but may join on occasion. They should however keep in contact with the Chair to be aware of the committee activities. They can also provide guidance regarding activities happening throughout the organization to ensure committee activities are in keeping with the strategic plan and complimentary, rather than competitive or duplicative, to the work of other committees and other ongoing or planned activities. The Trustee liaison should be copied on correspondence regarding the committee to keep informed. Informal discussion between the Chair and Trustee liaison should take place quarterly, at a minimum.

The staff liaison is a member of the national office staff. They are considered a full and active member of your committee, without a vote, and are there to facilitate the ongoing work of the group from year-to-year. They will assist with goal-setting and management of logistics. They will facilitate arranging conference calls, drafting agendas and minutes, budget planning, identifying resources needed for work, determining objectives and activities, and communicating committee activities to the national office staff to coordinate appropriately. If the committee Chair needs additional staff time/resources, he or she should contact the CEO.

### **Staff-Physician Relationship**

An essential part of the success of any committee is the relationship between the staff and physician/clinical council and committee members and the support they receive. It is important however to understand the value each provides. Physician council and committee members have experience and expertise because they operate in – and are therefore sensitive to – the environment that influences members’ needs. Staff has the experience and expertise needed to administer and operate the [Society] so it can meet those needs. To put it simply:

- The role of council and committee members is to “ensure that the [Society and its committees] serve the needs of its members, by establishing direction and policies for programs, products and services.
- The role of staff is to keep the Society and its committees moving ahead in the direction and according to the policies established by leadership, by implementing procedures that deliver the programs, products, and services to the members.” (Association Governance & Structure, American Society of Association Executives)

### **Committee Budgets**

Committees are not necessarily allocated funds automatically. Budgets are developed in the fall for approval in advance of the FY, which begins January 1. This timing is both positive and negative. The positive aspect of this budget cycle is that it creates continuity of projects from one committee year to the next (given that committees change members and Chairs in May). For instance, projects started with a given committee based on approved budgets in January will continue for those projects through completion, which will oftentimes require the full year. Therefore, new committee members appointed for the new cycle may be completing projects they didn’t develop. Additionally, this timing allows for plenty of time to develop ideas, determine required resources and submit financial requests during the budgeting cycle. The complicated aspect of this budget cycle is that a committee may not have funds to work on a project until 6 months after initial discussions of the idea. The multi-year, staggered membership cycle should ensure continuity and project completion. And, depending upon priorities and finances, certain projects may be able to be approved prior to the next budget cycle.

### **Attending Committee Meetings/Calls**

All appointed members of committees and councils are expected to participate in a majority of conference calls throughout the year and be active contributors to the committee’s work. Committee Chairs should work with staff liaisons in May to develop a regularly occurring conference call schedule (as appropriate). Staff liaisons will send Outlook appointments for the full year’s schedule, so all members can plan accordingly.

Face-to-face meetings at the Annual Meeting will be scheduled no later than the end of March. In December, a request will go out to all Committee and Council Chairs as to whether they wish to have a face-to-face meeting. Staff will then slot committee meetings into the schedule and a notice will be sent with the full schedule no later than January for committee members’ planning purposes. [Note: Not all Committees meet and may vary from year-to-year. The following committees do not meet face-to-face unless there is a specific need: Finance, Bylaws and Ethics, Nominating, Audit and Credentials.] All committee members from the previous and upcoming year are invited to the face-to-face meeting. It will be Chaired by the individual who is the current or incoming Chair.

**Committee Communications/Tools**

All committee members should expect to receive regular communications via email from the staff liaison. Outlook will be used for appointment scheduling. Email will be used for agendas, minutes and materials. Conference calls will be used for regular interactions of the committee or council. Tools such as webcasts and video conference calling may be employed as needed or more regularly in the future. Additionally, SCAI is adopting a new communication tool for social communities within the organization, entitled “Higher Logic”. This will become a resource for all committees to find historical and backup information regarding their activities and to communicate internally within the committee in a ListServe-type fashion.

**Committee Reporting**

Each committee will share progress reports with the Board of Trustees throughout the year. This will allow for the Board of Trustees to ensure coordinated activities throughout the organization. It will also allow committees to receive periodic feedback or approvals on activities in a structured and efficient manner. There are two means for committees to provide reports: 1) Quarterly Committee Reports (Exhibit D); and 2) through verbal reports from the Board liaison (especially when there are decisions for discussion).

**Timeline of Committee Activities**

October	Request of Committee Chairs if they want a face-to-face meeting at Annual
October - November	Staff slot committee meetings into schedule – Committee schedule sent by end of May
October – November	Call for Council and committee members – Chairs & Staff input gathering
November	Staff collating all council and committee members forms and recommendations – send to President-Elect (P-E)
December - January	P-E review council and committee members recommendations and determine appointments
January	P-E recommend appointments to Board for review, input and approval
February	Staff send invitations (incl meeting times), final roster & notifications to those not selected
March	New Chairs orientation (P-E & ED) – Chairs work with staff liaison of prep for May
March	Charges sent to all committees
May	Kick-off meetings at SCAI Annual Scientific Sessions
June 15	Workplans due from committees to Board of Trustees
June-July	Board of Trustees approval of Workplan for staff to build budgets
Fall	Staff build budget requirements for all workplans into proposed budget to Finance Comm
December 31	Budgets for next fiscal year approved for committee workplan projects

**Annual Meeting Program Committee Charges, Process & Timeline**

The Annual Meeting Program Committee is structured differently and has different expectations and timelines due to the nature of their charge. The Program Committee is charged with planning the scientific program for the SCAI Annual Scientific Sessions to present to the Board of Trustees and abiding by the regulations required for ACCME compliance. The Program Committee Chair reports to the Board of Trustees and adheres to recommendations set forth by the Board.

Annual Program Committee Chairs are selected by the Education Committee and presented to the Board of Trustees for approval. A 3-year lead-in process for this selection has been established for the selection of both Adult and Pediatric Program Committee Chairs and Co-Chairs. The Program Chair and Co-chair identify the Track Chairs. The Chairs will all meet initially via conference call to discuss the overarching wishes for the upcoming meeting. If they have new ideas they would like to consider incorporating or ways to change the program from previous years, this is an opportunity to develop a plan and share it with the Board of Trustees. Staff will help determine any resource requirements to implement the changes. The “Wish List Plan” will be given to the Board of Trustees for consideration in developing their guidance.

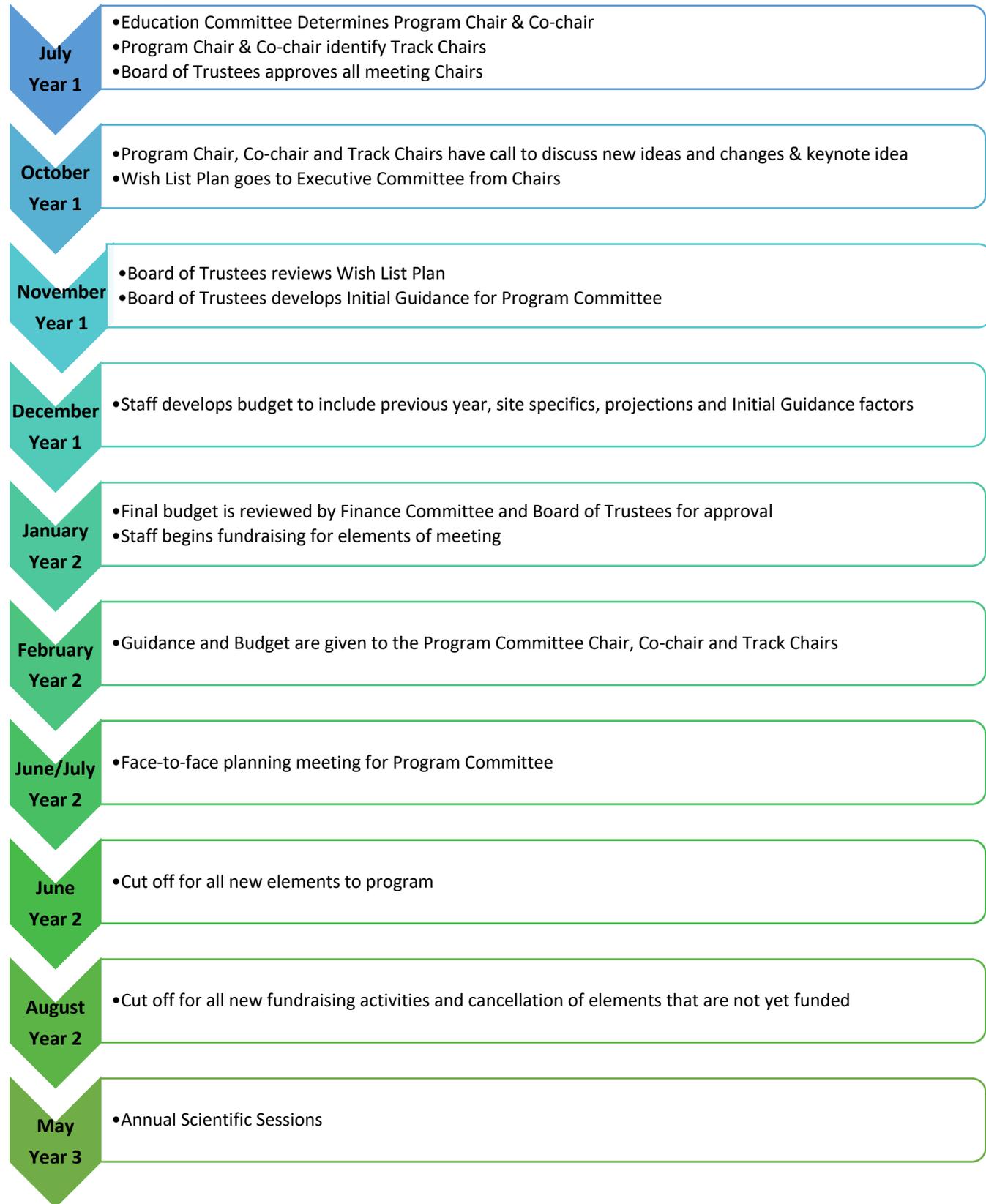
The Chairs will subsequently receive initial guidance from the Board of Trustees about the elements of the program (i.e. tracks, committee meetings, industry events, keynotes, live cases, etc.). The guidance will be in a clear and concise report to express what is to be developed by the Program Committee, what elements are the purview of others and how they relate to or review those other elements. This guidance should include (but may not be limited to):

<b>Element</b>	<b>Expectations from Board</b>	<b>Responsible/Relationship</b>
Tracks	Number/topic areas/emphasis	Program Comm (PC)
Committee meetings	Schedule	Staff and Executive Committee
Industry events/receptions	Schedule slots available	Staff – PC review for conflicts
SCAI events/receptions	Schedule – Logistics	Staff and Executive Committee
Keynote(s)	Yes/no – budget	Program Committee – Approval by Board
Awards	Recipients – logistics	Staff and Executive Committee
Live Cases	Yes/no – Number – Budget	Board – PC plan within guidelines
Exhibits & Sponsorships	Prospectus/pricing/sales/logistics	Staff
Faculty/VIPs	Reimbursements/Comps/Number/Int'l	Staff and Executive Committee

The staff will draft a budget based on the previous year, current year location and pricing, projections and leadership parameters. This will be reviewed and approved by the Finance Committee and Board of Trustees. It will then be the responsibility of the Program Committee to be cognizant of the budget and incumbent on staff to help ensure the program elements stay within budget or seek approval from CEO and possibly the Board for elements exceeding the approved budget.

In order for all these elements to occur seamlessly, the timeline for the annual meeting begins a full 22 months in advance of the month the meeting is taking place. A full timeline is on the next page.

## 22 Month Planning Process





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**\*Note: If you wish, attach any statements by society colleagues and/or others testifying to your previous experience.**

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Please note many committees meet each year during the Annual Scientific Meeting and committee members attend this meeting at their own expense. Acceptance of appointment implies a commitment to attend.

Since there are only a very limited number of available committee appointments that may be made each year, it is impossible to meet all of the requests to serve. If not selected for the upcoming term, please consider submitting your name for the following year or for the Physician & Clinician Pool where we draw for Work Groups, Task Forces and Micro-projects (see above).

Send the completed form to: Laura Hanson, [lhanson@scai.org](mailto:lhanson@scai.org).

**EXHIBIT B**  
**SCAI PHYSICIAN & CLINICIAN COUNCIL AND COMMITTEE MEMBERS POOL FORM**

Date of Submission: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Professional Title: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
(Optional)

Employer and Employment Setting: \_\_\_\_\_  
(e.g. University, Clinic, Private Practice, Hospital, Government, Corporate)

Is this institution affiliated with a Healthcare System? \_\_\_\_\_ Yes \_\_\_ No  
If so, which one? \_\_\_\_\_

Contact Information: \_\_\_\_\_  
(Preferred Email) (Preferred Phone – indicate Work/Home/Mobile)

Areas of professional interest in rank order

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Areas of council and committee members interest (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> CME Review                        | <input type="checkbox"/> International Programs               |
| <input type="checkbox"/> Communications, Social Media & PR | <input type="checkbox"/> Journal / Publications               |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> Quality Improvement                  |
| <input type="checkbox"/> Finance                           | <input type="checkbox"/> Mentoring & Professional Development |
| <input type="checkbox"/> Governance                        | <input type="checkbox"/> Women’s Activities                   |
| <input type="checkbox"/> Advocacy / PAC                    |   |

Years of SCAI Membership \_\_\_\_\_

Previous/Current Offices held and service on SCAI or other Committees, Boards, Task Forces (List with dates, position and organization if other than SCAI)

\_\_\_\_\_

Other comments: \_\_\_\_\_

*Please note that there are a limited number of available appointments each year. SCAI will work to engage each council and committee members candidate as much as possible.*

***Please send the completed form to: Laura Hanson, lhanson@scai.org***

**EXHIBIT C**  
**TRUSTEE LIAISON ASSIGNMENTS 2018-2019**

**Committees:**

- Advocacy – Peter L. Duffy, MD, MMM, FSCAI
- Annual Meeting – Ehtisham Mahmud, MD, FSCAI
- Bylaws & Ethics (Immediate Past President) – Kirk N. Garratt, MD, MSc, MSCAI
- Cardiovascular Professionals – Janice Baker RN, MSN, CEPS, NEA-BC, FHRS
- CME Oversight – John C. Messenger, MD, FSCAI
- Communications – Kirk Garratt, MD, MSc, MSCAI
- Credentials – Ronald P. Caputo, MD, FSACI
- Development & Industry Relations – David Cox, MD, MSCAI
- Education / Programs & Online – Emmanouil Brilakis, MD, PhD, FSCAI
- ELM – Emmanouil Brilakis, MD, PhD, FSCAI
- Finance (Treasurer) – Peter L. Duffy, MD, MMM, FSCAI
- International Programs – Kirk Garratt, MD, MSc, MSCAI
- Membership - Ronald P. Caputo, MD, FSACI
- Nominating (Immediate Past President) – Kirk Garratt, MD, MSc, MSCAI
- PICES – Robert Vincent, MD, FSCAI
- Publications – Herbert Aronow, MD, FSCAI
- Quality Improvement – Lyndon Box. MD, FSCAI
- SCAI PAC – Robert Vincent, MD, FSCAI\
- WIN – Molly Szerlip, M.D., FSCAI

**Clinical Interest Groups:**

- Congenital Heart Disease – Robert Vincent, MD, FSCAI
- Ischemic Heart Disease – Cindy Grines, MD, FSCAI
- Structural Heart Disease – David Cox, MD, MSCAI
- Vascular Disease – Herbert Aronow, MD, FSCAI

**EXHIBIT D  
QUARTERLY COMMITTEE/COUNCIL REPORT TO BOARD OF TRUSTEES**

**REPORT OF ACTIVITES**

*Please submit your report by [Date to be filled in] to: [lhanson@scai.org](mailto:lhanson@scai.org)*

*Please limit your responses to 4 sentences or less.*

<b>Committee / Council / Working Group:</b>	
<b>Chair:</b>	
<b>Co-Chair:</b>	
<b>Board Liaison:</b>	
<b>Staff Liaison:</b>	
<b>Report Submitted By:</b>	
<b>Date Submitted:</b>	

**Activities / Actions Completed/Occurring:**

**Action Plan / Upcoming:**

**Decisions for Board of Trustees:**

**Other Recommendations & Miscellaneous:**