SCAI First-Year Interventionalists Membership Application

The Society for Cardiovascular Angiography and Interventions Foundation • (800) 992-7224 • Fax (800) 863-5202
1100 17th Street NW, Suite 330, Washington, DC 20036 • www.SCAI.org • www.SecondsCount.org

CONTACT INFORMATION

Name (Last, First, MI): _____ Gender: ❒ Male ❒ Female

Organization: _____ Degree(s): ❒ MD ❒ PhD ❒ DO ❒ MBBS ❒ Other

Address (This is where your journal will be mailed-check one): ❒ Business ❒ Home

_____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Fax: _____
Required

Phone: _____ Mobile: _____

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
❒ Hospital: Academic
❒ Hospital: Community
❒ Industry / Research
❒ Military
❒ Multispecialty Group
❒ Solo Provider

Organization Size: _____

RESPONSIBILITIES

❒ Cath Lab Director
❒ Endovascular Training Program Director
❒ General Cardiology Program Director
❒ Interventional Training Program Director
❒ Structural Heart Disease Training Program Director
❒ Other: _____

AREAS OF PRACTICE

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

❒ _____% Carotid
❒ _____% Coronary
❒ _____% Lab / Basic Research
❒ _____% Neurovascular
❒ _____% Peripheral / Carotid
❒ _____% Structural
❒ _____% Vascular Medicine
❒ _____% Other: _____

TOPICS OF INTEREST

Clinical

❒ Carotid
❒ CT Imaging
❒ Echocardiography
❒ Hemodynamics
❒ IVUS
❒ Nuclear Medicine
❒ Peripheral
❒ Stem Cell Therapy
❒ Structural / Congenital
❒ Trial Results and Review

Non-Clinical

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

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MEMBERSHIP TYPE

US & CANADA APPLICANTS

❒ **Member** ..... ~~$575~~ **$287.50**

❒ Significant percent of time in the area of cardiac and / or endovascular angiography and / or intervention and have unrestricted privileges.

CV and verification of training privileges and training completion date required.

WHY WAIT? JOIN A FEATURED SCAI COMMITTEE TODAY!

For more information on these committees, as well as a list of others, please contact:

Andrea Hickman, *SCAI Membership Manager*: Email ahickman@scai.org -or- call (202) 683-9182

❒ Interventional Career Development Committee ❒ Structural Heart Disease Council ❒ Women in Innovations (WIN)

PAYMENT INFORMATION

Amount: $ _____ Payment Method: Check #: _____ ❒ Mastercard ❒ American Express ❒ Visa

Make 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 malke 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 Foundation for which I now apply.

I hereby agree that The Society for Cardiovascular Angiography and Interventions Foundation may verify any of the above data. If approved for membership, I agree to conform to the Constitution 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: _____

SCAI staff will follow up with you for missing documentation

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