



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

PROFESSIONAL INFORMATION

Name (Last, First, MI): _____ Gender: Male Female
 Organization: _____ Degree(s): MD PhD DO MBBS Other
 Address Type (Preferred): Business Home Street Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Email (required): _____ Phone: _____
 Twitter Handle (optional): _____ Fax: _____ Mobile: _____
 Aware of SCAI From: Advertisement Colleague: _____ Email Already Aware www.SCAI.org Other: _____

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

Cath Lab Type

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

TOPICS OF INTEREST

Clinical

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

Non-Clinical

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

AREAS OF PRACTICE

Provide percent of time spent in each area of practice, formating the list for 100%.

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

MEMBERSHIP APPLICATION AGREEMENT

- ACGME Certified Interventional Cardiology Trained Member Applicant** ~~\$695~~ **FREE**
 Significant percent of time performing catheterization and/or endovascular procedures. **Documentation will be required to complete application file.**

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

***The only accepted form of payment accompanying this application form is payment by check.
To pay by credit card, please go to www.SCAI.org/JOIN to complete your SCAI Membership Application online.**

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 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 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: _____
SCAI staff will follow up with you for missing documentation OA



MAIL SCAI
1100 17th Street NW, Suite 330
Washington, DC 20036



ONLINE
www.SCAI.org/JOIN

QUESTIONS?
Call (800) 992-SCAI