



## CONTACT 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: \_\_\_\_\_

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

#### 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

#### 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%.

- \_\_\_\_\_ % Carotid
- \_\_\_\_\_ % Coronary
- \_\_\_\_\_ % Lab / Basic Research
- \_\_\_\_\_ % Neurovascular
- \_\_\_\_\_ % Peripheral / Vascular Medicine
- \_\_\_\_\_ % Structural
- \_\_\_\_\_ % Other: \_\_\_\_\_

### 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

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## MEMBERSHIP TYPE

### INTERNATIONAL APPLICANTS

**International Fellow\* (FSCAI) ..... \$395**

Five years in practice and a combined total of 2,000+ diagnostic and interventional procedures (400+ for pediatric).

**International Associate\* (online journal only) ..... \$125**

Current member of a non-U.S. interventional society.

List Society: \_\_\_\_\_

*\*Documentation will be required to complete application file.*

### WHY WAIT? JOIN A SCAI COMMITTEE TODAY!

For more information on SCAI committees, please contact SCAI at [info@scai.org](mailto:info@scai.org) or call (800) 992-7224.

## PAYMENT INFORMATION

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](http://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: \_\_\_\_\_  
*SCAI staff will follow up with you for missing documentation*

Date: \_\_\_\_\_ OA



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



**ONLINE**  
[www.SCAI.org/JOIN](http://www.SCAI.org/JOIN)

**QUESTIONS?**  
Call (800) 992-SCAI