



# SCAI Membership Application

The Society for Cardiovascular Angiography and Interventions Foundation • (800) 992-7224  
1100 17th Street NW, Suite 330, 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%.

\_\_\_\_\_ % Atrial Fibrillation  
 \_\_\_\_\_ % Clinical Cardiology/General Cardiology  
 \_\_\_\_\_ % Coronary Interventions  
 \_\_\_\_\_ % Geriatrics  
 \_\_\_\_\_ % Heart Failure/Transplant  
 \_\_\_\_\_ % Medical Management

\_\_\_\_\_ % Pediatric Interventions  
 \_\_\_\_\_ % Peripheral Interventions  
 \_\_\_\_\_ % Physiology/Imaging  
 \_\_\_\_\_ % Structural Interventions  
 \_\_\_\_\_ % Other: \_\_\_\_\_

**TOPICS OF INTEREST**

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

Application continued on page 2 →



**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



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

### US & CANADA APPLICANTS

#### Early Career

- Fellow-in-Training\*** (online journal only) ..... **FREE**  
 Enrolled in an interventional training program  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- First-Year Interventionalist Member\*** (online journal only) ..... ~~\$695~~ **FREE**  
 Significant percent of time performing catheterization and/or endovascular procedures  
 Interventional Training End Date: \_\_\_\_\_
- Second-Year Interventionalist Fellow (FSCAI)\*** ..... ~~\$695~~ **\$347.50**  
 ABIM/AOBIM certified in interventional cardiology  
 Interventional Training End Date: \_\_\_\_\_

**Fellow\* (FSCAI)** ..... **\$695**

- 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\*** ..... **\$695**

- Significant percent of time performing catheterization and/or endovascular procedures

**Advancement to Fellowship\*** (current dues-paying member only) ... **\$100**

- 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** ..... **\$125**

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)\*** ..... **\$395**

- 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)** ..... **\$125**

- Current member of a non-U.S. interventional society  
 List Society: \_\_\_\_\_

**Join a SCAI committee today!** For more information about 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)

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 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

Onsite



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