



## **Application Requirements and Instructions for Fellow of the American Society of Nuclear Cardiology (FASNC)**

*The American Society of Nuclear Cardiology encourages you to become a Fellow of ASNC (FASNC)*

For Physician Members of ASNC, the Fellow designation recognizes those members who have fulfilled both the training and performance requirements that are necessary for Certification through the Certification Board of Nuclear Cardiology.

For Scientist Members of ASNC, the Fellow designation recognizes those members who have met specific Board requirements (listed below) **or** served in a faculty or investigative position **or** published peer-reviewed papers.

For Technologist Members of ASNC, the Fellow designation recognizes those members who have fulfilled both the training and performance requirements that are necessary for Certification through the NMTCB's Nuclear Cardiology Specialty Exam (NCT).

For Physician Assistant Members of ASNC, the Fellow designation recognizes those members who have fulfilled both the training and performance requirements that are necessary for Certification through the National Commission on Certification of Physician Assistants.

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### **FELLOW OF ASNC (FASNC) CREDENTIAL REQUIREMENTS**

#### ***Physician Member***

- Member of ASNC for the current year and the previous two consecutive years.
- Current Diplomate of Certification Board of Nuclear Cardiology (please provide a copy of the CBNC Certificate).
- International Physician applicants are not required to have CBNC certification. However, they must have successfully completed a training program in a cardiovascular-related subspecialty field of equivalent duration and quality to that required of U.S. applicants. If the physician's practice is in nuclear medicine, then the emphasis needs to be in nuclear cardiology.
- Three letters of recommendation.\*

#### ***Scientist Member***

- Member of ASNC for the current year and the previous two consecutive years.
- Certified as a medical physicist either by the American Board of Science in Nuclear Medicine and/or American Board of Radiology and/or American Board of Medical Physicists or certified by a state as a medical physicist **OR** Served in a faculty or investigative position for two or more years after completing research training **OR** Published three or more first-author peer-reviewed papers addressing fundamental scientific questions.
- Three letters of recommendation.\*

#### ***Technologist Member***

- Member of ASNC for the current year and the previous two consecutive years.
- Active status with the NMTCB and/or ARRT **AND** NCT and the primary job duty is as a Technologist in a non-industry setting.
- Three letters of recommendation.\*

#### ***Physician Assistant Member***

- Member of ASNC for the current year and the previous two consecutive years.
- Active Physician Assistant [RPA-C] status and the primary job is a Physician Assistant in a non-industry setting.
- Three letters of recommendation.\*

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### **APPLICATION FEE (irrespective of application acceptance)**

Physician / Scientist ..... \$100  
Technologist / Physician Assistant ..... \$75

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**LETTERS OF RECOMMENDATION**

**\*Three letters of recommendation MUST be submitted with this application.**

However, only **one** letter is required if Applicant is a Fellow of:

- The American College of Cardiology [FACC] **or**
- The American College of Radiology [FACR]

**All letters MUST verify the individual's commitment and contribution to the field of nuclear cardiology.**

**+ LETTERS OF RECOMMENDATION MUST BE SUBMITTED FROM ANY OF THE FOLLOWING SOURCES:**

- Fellow of the American College of Cardiology
- Fellow of the American College of Radiology
- Fellow of the American Society of Nuclear Cardiology
- Member of an American Society of Nuclear Cardiology Committee, Council, or Board of Directors
- Officer of a Local Nuclear Cardiology Working Group
- Faculty of an approved or accredited Nuclear Medicine Technologist program or physician training program
- Hospital Administrator or Public Health Official
- Director of Nuclear Cardiology lab/program

*\*It is acceptable to submit more than 1 letter from one designated source (i.e., 2 letters from faculty of the same accredited school).*

**The letters of recommendation MUST verify the individual's commitment and contribution to the field of nuclear cardiology.**

Template letters are discouraged. The individual's commitment and/or contribution to the field of nuclear cardiology will be assessed by participation in one or more of the following professional activities:

**Scientific publications in topics related to nuclear cardiology:**

- Abstracts presented at national or international meetings
- Manuscripts in peer-reviewed journals
- Review articles
- Book chapters
- Other relevant publications

**Commitment to education in nuclear cardiology, as demonstrated on a regular basis by teaching to:**

- Physicians
- Participation as faculty in educational programs
- Organization of educational programs
- Quality-control programs

**Active participation at ASNC-sponsored activities and/or other nuclear cardiology societies**

**These may include (but are not limited to):**

- Membership in ASNC Committees, Board of Directors, etc.
- Participation in the organization of the ASNC Annual Scientific Sessions
- Active participation in nuclear cardiology meetings and/or committees

If sent separately from the application, please address letters to:

American Society of Nuclear Cardiology  
Membership Department  
4340 East-West Highway, Suite 1120  
Bethesda, MD 20814

These letters must be received in order to process your application. Fellow Applications will be accepted for review by the following cut-off dates: January 1, April 1, July 1, and October 1. Applicants will be notified of their status following each review session.



AMERICAN SOCIETY OF  
NUCLEAR CARDIOLOGY

**American Society of Nuclear Cardiology**

4340 East-West Highway, Suite 1120  
Bethesda, MD 20814  
(301)215-7575 • (301)215-7113 Fax  
www.asnc.org • info@asnc.org

**APPLICATION FOR ASNC FELLOW (FASNC) MEMBERSHIP**

Full Name - as you would like it to appear on your Membership Certificate: PLEASE PRINT CLEARLY OR TYPE.

\_\_\_\_\_  
First Name Middle Last Name Degree(s)

**Preferred Mailing Address:** *Please note that ASNC does not sell phone numbers or email addresses.*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone Number (with Country Code) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**All applicants must answer the following four questions. Please check "N/A" if the question is not applicable. \***

- 1. Has your medical license ever been suspended, terminated or reduced in scope? .....  Yes  No  N/A
- 2. Have you ever had hospital staff privileges denied, reduced in scope or rescinded? .....  Yes  No  N/A
- 3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution or government agency?  
.....  Yes  No
- 4. Have you ever been convicted of or plead guilty to a felony or other serious crime? .....  Yes  No

**\* If you answered "yes" to any of the above questions, please append additional sheet(s) with detailed explanation.**

**INTERNATIONAL PHYSICANS please complete the following:**

Training Program Institution/Department \_\_\_\_\_

Completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of Training Program Director \_\_\_\_\_

**I hereby certify that all information on this application and any attached documents are accurate, and agree that the American Society of Nuclear Cardiology may verify any of the above data. I agree to conform to the Bylaws of the Society.**

X \_\_\_\_\_  
Personal Signature of Applicant Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please note that applications will not be processed without completion of required information fields and applicable payment. Applications must be accompanied with the required letters of recommendation (as described on the "Requirements" page).**

**Fellow Applications will be accepted for review by the following cut-off dates: January 1, April 1, July 1, and October 1. Applicants will be notified of their status following each review session.**

**Payment Information:**

Application Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card (please check): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ CVC/CVV2 Code \_\_\_\_\_

Print Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only:**

Member Number: \_\_\_\_\_ Join Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_