



4550 Montgomery Avenue
Suite 780 North
Bethesda, Maryland 20814
Telephone: 301-215-7575

Website: www.asnc.org
Email: admin@asnc.org
Fax: 301-215-7113

FELLOW OF THE AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY

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.

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.*

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.

APPLICATION FEE (irrespective of application acceptance)

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



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APPLICATION FOR FELLOW MEMBERSHIP (Continued)

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).*

*** LETTERS OF RECOMMENDATION – Please list the sponsor names and category of source.**

1. _____
2. _____
3. _____

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

Please address letters to the Membership Department at the American Society of Nuclear Cardiology – 4550 Montgomery Avenue – Suite 780 North – Bethesda, Maryland 20814. These letters must be sent with 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.



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APPLICATION FOR FELLOW MEMBERSHIP

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

First	Middle	Last	Degree (MD, etc.)

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 _____ email _____

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 PHYSICIANS 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 following 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: Visa _____ MasterCard _____ American Express _____

Credit Card Number _____ Expiration Date ____ / ____ / ____ CVC/CCV2 Code _____

Print Name (as it appears on the card) _____

Signature _____ Date ____ / ____ / ____

For Office Use Only:

Member Number: _____ Join Date: ____ / ____ / ____ Past Membership Years: _____, _____, _____