



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 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.

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 Nuclear Medicine Technology Certification Board's (NMTCB's) Nuclear Cardiology Specialty Exam (NCT).

For **Physicist Members** of ASNC, the Fellow designation recognizes those members who have fulfilled both the training and performance requirements that are necessary for Certification 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.

FELLOW OF ASNC (FASNC) CREDENTIAL REQUIREMENTS

Physician Member

- Member of ASNC for the current year and the previous two consecutive years.
- Current Diplomat 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.
- 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 (**please provide documentation, e.g. Curriculum Vitae**).
- Three letters of recommendation.*

Technologist Member

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

Physicist 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 (**please provide a copy of certificate**).
- Three letters of recommendation.*

APPLICATION FEE (irrespective of application acceptance)

Physician / Scientist / Technologist / Physicist	\$250
ASNC International Emerging Market Members	\$75**

**IEM members must currently live and work in a developing country that is on the World Bank list.



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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).

If the applicant is an international physician, scientist, physicist or technologist, the Membership Committee may ask the International Advisory Panel to review and give a recommendation to the Membership Committee regarding the applicant.

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
- Leadership work on the state society level
- 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 at any time and will be reviewed periodically throughout the year. Applicants will be notified of their status following each review session.



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 FELLOW OF ASNC (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)

Applicant Type (please check one): Physician Scientist Technologist Physicist

****Please be sure to include all applicable documentation for your Applicant Type, as described on the "Requirements" pages**

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 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, payment, submission of required letters of recommendation and any other applicable documentation (as described on the "Requirements" pages).

Fellow Applications will be accepted at any time and will be reviewed periodically throughout the year. 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: ____ / ____ / ____