Application For: ASNC Physician Members (MD, DO, PhD, etc.)

For faster processing apply at www.asnc.org/joinasnc. Application must be fully complete, enter “N/A” in non-applicable fields.

FULL NAME: (As you would like it to appear on your ASNC Membership Certificate)

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<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME OR INITIAL</th>
<th>LAST NAME</th>
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PROFESSIONAL DEGREES: (Please check all applicable degrees) □ MD □ PhD □ DO □ MB BS □ MB ChB □ Other __________

APPLICATION FOR: □ Full Domestic Physician (US & Canada) ($295) □ Full International Physician ($225)
□ Early Career Physician 1st yr. ($75) □ Early Career Physician 2nd & 3rd yr. ($150) □ Fellow-in-Training (Complimentary)

PREFERRED MAILING ADDRESS: □ Work □ Home (Check one) Please note that ASNC does not sell phone numbers or e-mail addresses.

ADDRESS TO LIST IN MEMBERSHIP DIRECTORY: □ Work □ Home □ None (Check one)

COMPANY NAME / DEPARTMENT

WORK STREET ADDRESS

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<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>ZIP/POSTAL CODE</th>
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PHONE

FAX

E-MAIL (required)

HOME STREET ADDRESS

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GENDER: □ MALE □ FEMALE DATE OF BIRTH: ________/______/______

PROFESSIONAL WORK SETTING:
□ Solo Practice □ Group Practice □ Hospital □ Academic □ Industry □ Other: ________________

OCCUPATION:
□ Physician □ Technologist □ Scientist □ Research □ Industry □ Nurse □ PA □ NP

PRIMARY MEDICAL SPECIALTY: (Check one)
□ Nuclear Cardiology □ General Cardiology □ Nuclear Medicine □ Echocardiography □ Radiology □ CT Cardiology
□ MR Cardiology □ Other: ____________________________

SECONDARY MEDICAL SPECIALTY: (Check all that apply)
□ Nuclear Cardiology □ General Cardiology □ Nuclear Medicine □ Echocardiography □ Radiology □ CT Cardiology
□ MR Cardiology □ Other: ____________________________

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
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 Have you ever had hospital staff privileges denied, reduced in scope or rescinded □ Yes □ No □ N/A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.
**EDUCATION:** (Required for ALL applicants. Please list original MD/DO/MB BS, etc. degree.)

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<tr>
<th>NAME OF INSTITUTION</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>GRADUATION DATE</th>
<th>DEGREE</th>
<th>SUBJECT(S)</th>
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**POSTGRADUATE TRAINING:**
Fellowship: [If you are a CURRENT Fellow, please list expected completion date.]

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<th>NAME OF INSTITUTION</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>AREA OF SPECIALIZATION (e.g. CARDIOLOGY)</th>
<th>COMPLETION DATE</th>
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**CERTIFICATION(S):**

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<th>NAME OF PRIMARY CERTIFICATION BOARD</th>
<th>DATE OF INITIAL CERTIFICATION</th>
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**MEDICAL SOCIETY MEMBERSHIPS:** (e.g., ACC, AMA, ASE, SCCT, EANM, ESC, SNM, etc.)

Medical License Number: __________________________ License to Practice in State: __________________________

Do you currently have an individual subscription to the *Journal of Nuclear Cardiology* (JNC)? □ Yes □ No

**PAYMENT INFORMATION:**

- □ Full Domestic Physician Member, *US & Canada* ($295) □ Full International Physician Member ($225) [Includes paper JNC]
- □ Early Career Physician 1st yr. ($75) □ Early Career Physician 2nd & 3rd yr. ($150)
- □ Fellow-in-Training Member (Complimentary)

*Please charge my: □ Visa □ MasterCard □ American Express
Check Enclosed (in USD only): □ Personal #: __________________ □ Company #: __________________

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<tr>
<th>CARD NUMBER</th>
<th>EXPIRATION DATE</th>
<th>SECURITY CODE (3/4 DIGIT CODE)</th>
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**SIGNATURE**

**PRINTED NAME ON CARD**

**Note:** Please check the Statement of Intent below to activate your membership.

□ 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. I understand that the submission of false information or statements in this application may be grounds for future disciplinary action against my membership in the Society, including but not limited to revocation or suspension.

**PERSONAL SIGNATURE OF APPLICANT**

*Please note that applications will not be processed without agreement to the statement above, signature and completion of the application.*