ASNC
American Society of Nuclear Cardiology

www.asnc.org

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

**Applicants must complete all fields of the application. Please enter "N/A" in non-applicable fields.**

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

_____

**FIRST NAME** **MIDDLE NAME OR INITIAL** **LAST NAME**

**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)
☐ International Developing Country ($75) ☐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

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

_____
PHONE FAX **E-MAIL (*required*)**

_____
HOME STREET ADDRESS

_____
CITY STATE COUNTRY ZIP/POSTAL CODE

**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 Have you ever had hospital staff privileges denied, reduced in scope or rescinded ☐Yes ☐No ☐N/A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.*



9302 Lee Highway, Suite 1210, Fairfax, Virginia 22031 Phone: 703-459-2555 E-mail:info@asnc.org

**EDUCATION: (*Required for ALL applicants. Please list original MD/DO/MB BS, etc. degree.*)**

| NAME OF INSTITUTION | CITY | STATE | COUNTRY | GRADUATION DATE | DEGREE | SUBJECT(S) |
|---|---|---|---|---|---|---|

**POSTGRADUATE TRAINING:**

1. Intern/Resident/Other: [*If you are a **CURRENT** Resident, please list **expected** completion date.*]

| NAME OF INSTITUTION | CITY | STATE | COUNTRY | AREA OF SPECIALIZATION (e.g., INTERNAL MEDICINE) | COMPLETION DATE |
|---|---|---|---|---|---|

2. Fellow: [*If you are a **CURRENT** Fellow, please list **expected** completion date.*]

| NAME OF INSTITUTION | CITY | STATE | COUNTRY | AREA OF SPECIALIZATION (e.g. CARDIOLOGY) | COMPLETION DATE |
|---|---|---|---|---|---|

3. Additional Training:

| NAME OF INSTITUTION | CITY | STATE | COUNTRY | AREA OF SPECIALIZATION (e.g., NUCLEAR CARDIOLOGY) | COMPLETION DATE |
|---|---|---|---|---|---|

**CERTIFICATION(S):**

NAME OF PRIMARY CERTIFICATION BOARD _____ DATE OF INITIAL CERTIFICATION _____

NAME OF SUB-SPECIALTY CERTIFICATION BOARD _____ DATE OF INITIAL CERTIFICATION _____

NAME OF SUB-SPECIALTY CERTIFICATION _____ DATE OF INITIAL CERTIFICATION _____

**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*]**
**□ International Developing Country ($75) □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 #:* _____

**CARD NUMBER** **EXPIRATION DATE** **SECURITY CODE (3/4 DIGIT CODE)**

**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** **DATE**

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



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