



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)
Early Career Physician 1st yr.(\$75) Early Career Physician 2nd & 3rd yr.(\$150) Intl. Emerging Markets (\$75)
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 Have you ever had hospital staff privileges denied, reduced in scope or rescinded Yes No N/A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.

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)
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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
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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
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3. Additional Training:

NAME OF INSTITUTION	CITY	STATE	COUNTRY	AREA OF SPECIALIZATION (e.g., NUCLEAR CARDIOLOGY)	COMPLETION DATE
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CERTIFICATION(S):

NAME OF PRIMARY CERTIFICATION BOARD	DATE OF INITIAL CERTIFICATION
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NAME OF SUB-SPECIALTY CERTIFICATION BOARD	DATE OF INITIAL CERTIFICATION
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NAME OF SUB-SPECIALTY CERTIFICATION	DATE OF INITIAL CERTIFICATION
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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) Intl. Emerging Markets (\$75)
- Fellow-in-Training Member (Complimentary)

Please charge my: Visa MasterCard American Express CODE:ASNCWIN18

Check Enclosed (in **USD** only): Personal #: _____ Company #: _____

CARD NUMBER	EXPIRATION DATE	SECURITY CODE (3/4 DIGIT CODE)
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SIGNATURE	PRINTED NAME ON CARD
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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
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*Please note that applications will not be processed without agreement to the statement above, signature and completion of the application.