



[www.ACC.org/International](http://www.ACC.org/International)

Connecting cardiovascular professionals worldwide, the American College of Cardiology (ACC) is your professional home for cardiovascular news, guidelines, information and networking. Join today and unlock access to benefits that will help you advance your career.

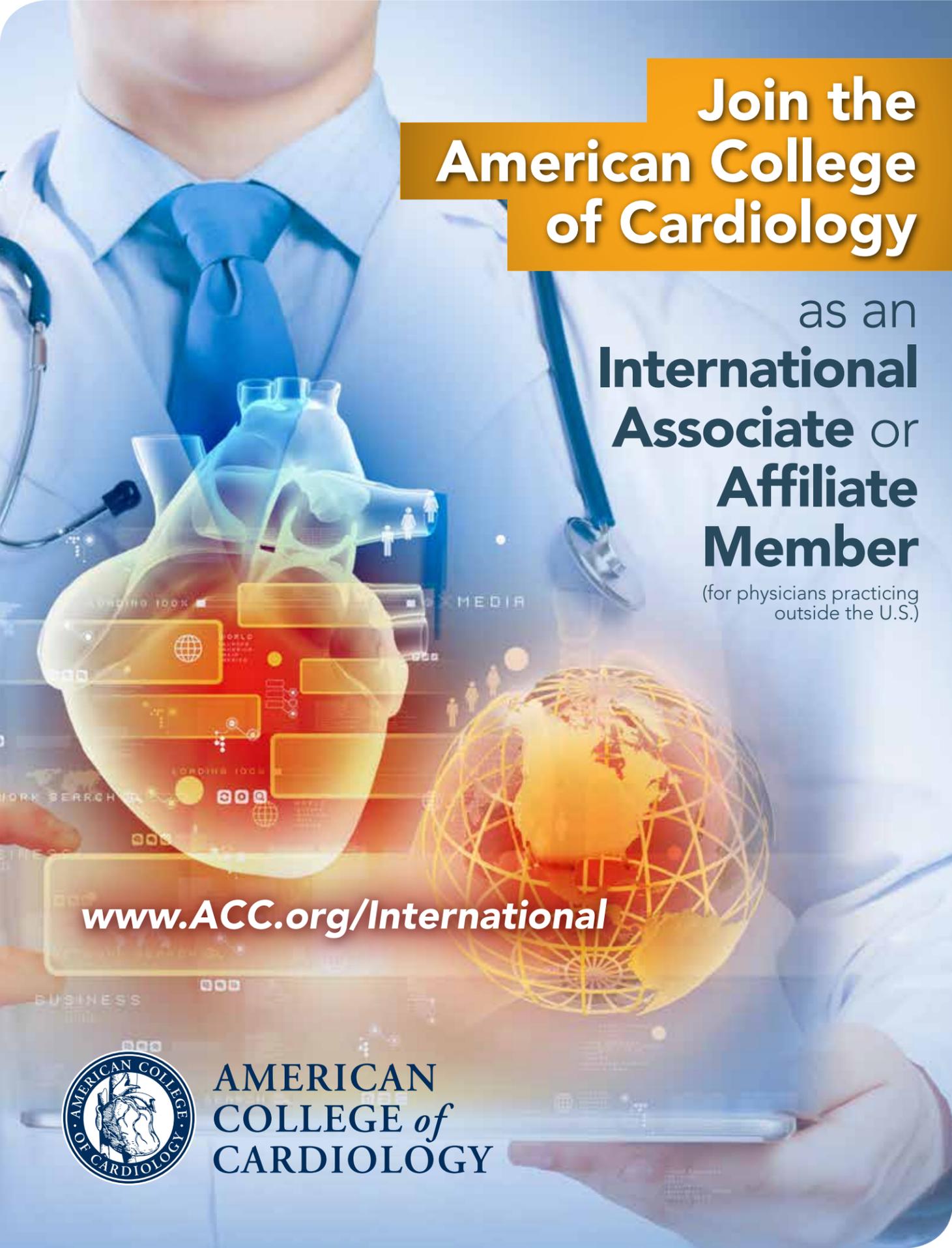
### Member Benefits Include

- Online access to the *Journal of the American College of Cardiology (JACC)*, *JACC: Cardiovascular Interventions*, *JACC: Cardiovascular Imaging* and *JACC: Heart Failure*. Option for hardcopy JACC is also available.
- Full access to ACC.org, the ACC's premier online cardiovascular clinical resource, including networking opportunities, the latest guidelines and news and more
- Access to the International Center online and International eNewsletter, filled with information and news relevant to those practicing outside the US
- Deep discounts on registration to the ACC Annual Scientific Session, other educational live courses and self-assessment programs
- Listing in the ACC Membership Directory
- Access to exclusive career advancement resources including the ACC's Mentoring Program, Research Funding Resources, an International Exchange Opportunities Database and more

### Membership Criteria

- **International Associates Only:** The candidate must have completed medical professional education and training that is customary and recognized in the country
- **Affiliates Only:** The candidate must be educated and trained in other disciplines and have an interest in the College's specialized resources
- The candidate must have relevant licensure or certification for medical practice in the country, OR have an academic or research appointment at a recognized institution
- The candidate must have a current membership in a recognized medical society in the country. If not, the candidate may present one letter of sponsorship from any physician member of the ACC

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Join the  
American College  
of Cardiology

as an  
**International  
Associate** or  
**Affiliate  
Member**

(for physicians practicing  
outside the U.S.)

[www.ACC.org/International](http://www.ACC.org/International)



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AMERICAN COLLEGE of CARDIOLOGY

# ACC International Associate/ Affiliate Application

## I am applying as a:

- Cardiovascular Specialist (International Associate Member)
- Non-Cardiovascular Physician/Scientist (Affiliate Member)

## Complete the form and return by email, post, or fax to:

**American College of Cardiology**  
Member Services Department  
2400 N Street, NW  
Washington, DC 20037, USA  
Email: [mdavis@acc.org](mailto:mdavis@acc.org)  
Fax: +1 202-375-6843 • Phone: +1 202-375-6000, ext. 5439

## Personal Data (All Sections Must Be Completed)

Full Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Male  Female \_\_\_\_\_  
Birth Date (Month/Day/Year) \_\_\_\_\_ Please provide business or personal email addresses and check a box to indicate preferred email for ACC communications.  Business  Personal

Preferred Address \_\_\_\_\_

City, Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Office Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Principal Employment Information (For Public & Membership Directory)

Institution/Practice Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_

City, Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### Which of the following best describes your work setting?

- Solo Practice
- Government Hospital or Agency
- Industry
- Other (please specify) \_\_\_\_\_

### What is the ownership structure of your practice?

- Government Owned
- Hospital Owned
- Insurance Company Owned
- Medical School/University Owned
- Other (please specify) \_\_\_\_\_

## Education, Training and Society Membership

### Medical School

Name of Institution \_\_\_\_\_

Location (City/Country) \_\_\_\_\_ Area of Specialization \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Training Program

Name of Institution \_\_\_\_\_

Location (City/Country) \_\_\_\_\_ Area of Specialization \_\_\_\_\_ Graduation Date \_\_\_\_\_

I am a member of a recognized medical society\* \_\_\_\_\_  
Name of Society \_\_\_\_\_

\*Those without medical society memberships will need to submit a sponsor letter from a current ACC member

## Medical Practice or Appointments

Licensed or certified to practice medicine \_\_\_\_\_  
Name of Authorizing Body \_\_\_\_\_

Academic or research appointment \_\_\_\_\_  
Name of Authorizing Body \_\_\_\_\_

## Areas of Interest

Please indicate your top three areas of interest relevant to your primary clinical activities by entering 1, 2, and 3 below:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Administration              | <input type="checkbox"/> Endocrinology            | <input type="checkbox"/> Nephrology                  | <input type="checkbox"/> Pulmonary Disease                   |
| <input type="checkbox"/> Adult Cardiology            | <input type="checkbox"/> Family Practice          | <input type="checkbox"/> Nuclear CV                  | <input type="checkbox"/> Radiology                           |
| <input type="checkbox"/> Adult Congenital Cardiology | <input type="checkbox"/> General Cardiology       | <input type="checkbox"/> Nuclear Medicine            | <input type="checkbox"/> Research                            |
| <input type="checkbox"/> Anesthesiology              | <input type="checkbox"/> Geriatrics/Aging         | <input type="checkbox"/> Pathology                   | <input type="checkbox"/> Sports & Exercise CV                |
| <input type="checkbox"/> Arrhythmias & Devices       | <input type="checkbox"/> Health Policy            | <input type="checkbox"/> Pediatric CV                | <input type="checkbox"/> Thoracic Surgery                    |
| <input type="checkbox"/> Cardiac Rehab               | <input type="checkbox"/> Heart Failure/Transplant | <input type="checkbox"/> Pediatric Interventional CV | <input type="checkbox"/> Transcatheter Valve Therapy         |
| <input type="checkbox"/> Cardiothoracic Surgery      | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Pediatrics/Neonatal         | <input type="checkbox"/> Vascular & Interventional Radiology |
| <input type="checkbox"/> Congenital Card. Surgery    | <input type="checkbox"/> Internal Medicine        | <input type="checkbox"/> Pharmacology                | <input type="checkbox"/> Vascular Medicine                   |
| <input type="checkbox"/> Critical Care Medicine      | <input type="checkbox"/> Interventional CV        | <input type="checkbox"/> Physical Medicine           | <input type="checkbox"/> Vascular Surgery                    |
| <input type="checkbox"/> Echocardiography            | <input type="checkbox"/> Invasive CV              | <input type="checkbox"/> Physiology                  | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Electrophysiology           | <input type="checkbox"/> Lipids Clinic            | <input type="checkbox"/> Preventive CV               |  |
| <input type="checkbox"/> Emergency Medicine          | <input type="checkbox"/> MR/CT                    | <input type="checkbox"/> Public Health               |  |

## Membership Dues Payment

Please enclose payment to ensure your application is processed. All applications are subject to a \$25 one-time application fee.

- Application Fee \$25  Hardcopy JACC \$170

### Annual Dues:

- CV Specialist, High-Income Country \$125  CV Specialist, Middle/Low-Income Country \$100  Non-Cardiovascular Physician/Scientist, High/Mid/Low \$100

### Payment Method:

- Check or money order enclosed. In US dollars drawn on a US bank.  MasterCard  Visa  American Express  Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC # \_\_\_\_\_