



## **Fellow of the Society of Cardiovascular Computed Tomography (FSCCT)**

The Fellow designation recognizes those SCCT members who show evidence of an ongoing interest and contribution in cardiovascular diseases through cardiovascular computed tomography research, education or patient care following completion of training.

**Requirements** - A candidate may apply for FSCCT by either the Clinical Track or Scientific Track. All applicants must be a current member in good standing of SCCT, and have been for at least two years.

*If applying via the Clinical Track, the applicant must:*

- Be an active and enduring SCCT member.
- Be a current Diplomate of the Certification Board of Cardiovascular Computed Tomography (CBCCT) and/or the Cardiac CT Certificate of Advanced Proficiency Examination (please provide certificate). International applicants are not required to have the CBCCT certification. However, they must have been performing cardiac CT for at least three years, and out of training for three years.
- Have letter verifying Level 3 Clinical Competence. International applicants are not required to have the Level 3 Clinical Competence letter but must have the case equivalent of a physician who has Level 3 Clinical Competence.
- Have presented at least five lectures at CME-accredited conferences outside of the candidate's home institution\* or have demonstrated significant service contributions to SCCT.
- Submit two letters of recommendation.

*If applying via the Scientific Track, the applicant must:*

- Be an active and enduring SCCT member.
- Have published at least ten peer-reviewed scientific or review papers on cardiovascular CT as a co-author **or** five peer-reviewed papers as first author. A minimum of two original research papers (not case reports) must be first-authored.
- Have been invited and presented at least five lectures related to cardiovascular CT at CME-accredited conferences outside of the candidate's home institution.\*
- Submit two letters of recommendation.

\*Home institution defined as primary place of work.

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### **Letters of Recommendation**

Two letters of recommendation must be solicited and referenced on the FSCCT application. One of these letters must be from a current member of the SCCT Board of Directors or a Fellow of SCCT. The second letter can be from another Fellow, the applicant's Training Program Director, CT Lab Director or Chief of Service. Letter of recommendation should be mailed directly to SCCT at 415 Church Street, NE, Suite 204, Vienna, VA, 22180 or [info@scct.org](mailto:info@scct.org).

Template letters are discouraged. The letters should verify the applicant's commitment and contribution to the field of cardiovascular CT.

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### **Application Fee\***

*\*Irrespective of application acceptance*

The FSCCT application fee is \$500. Annual dues will increase by \$100 upon acceptance.

**Application for Fellow Membership of SCCT**

Please print legibly or type your full name as you would like it to appear on your Membership Certificate.

<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Degree(s)</b>

**Preferred Mailing Address:**

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

*With respect to privacy issues, the SCCT will not distribute your e-mail address to any other organization.*

**All applicants must answer the following four questions.**

- 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 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 Applicants – Please complete the following:***

Training Program Institution/Department \_\_\_\_\_

Completion Date \_\_\_\_\_ / \_\_\_\_\_ Name of Training Program Director \_\_\_\_\_

**What is your home institution?** \_\_\_\_\_

**Please include the following along with this completed sheet:**

- A copy of the CBCCT certificate verifying current Diplomate status (*U.S. applicants*)
- A copy of the letter verifying Level 3 Clinical Competence
- Curriculum Vitae
- Two letters of recommendation

*Please list the sponsor names and sources below.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**I hereby certify that all information on this application and any attached documents are accurate, and agree that the Society of Cardiovascular Computed Tomography may verify any included data.**

X \_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

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## Payment Information

### Application Fee\*

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Enclosed is a check (USD) made payable to the SCCT

Credit card information is as follows:

Credit Card:  Visa  Master Card  American Express  Discover

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Card Number	Expiration Date	CVV Code
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Signature

Credit Card Billing Address:  Above  Below

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### Submit Application to:

SCCT

415 Church Street, NE

Suite 204

Vienna, VA 22180

**FSCCT Applications will be reviewed monthly. Fellows will be notified of acceptance via a written letter. All FSCCT Members will be recognized on the SCCT website and at the SCCT Annual Scientific Meeting.**