

SOCIETY OF **CARDIOVASCULAR** COMPUTED TOMOGRAPHY

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The Society of Cardiovascular Computed Tomography is pleased to offer the Fellow designation (FSCCT).

The Fellow designation recognizes members of The Society of Cardiovascular Computed Tomography (SCCT) who show evidence of an ongoing interest and contribution in cardiovascular disease through cardiovascular computed tomography research, education or patient care following completion of training.

Becoming a Fellow of SCCT will enhance your stature as a provider, with your patients as well as your peers, by showing your abiding commitment to providing the highest quality care and having extraordinary expertise and experience.

Benefits:

- Name listed on SCCT website
- Recognized at Annual Scientific Meeting
- Use of FSCCT professional designation

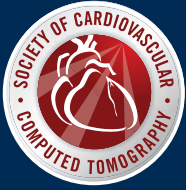
Requirements:

- Level III Clinical Competence
- CBCCT Certification
- Presentation/Publication requisites
- Active and enduring SCCT membership
- Two letters of recommendation

Fellowship status indicates your demonstrated responsibility to adherence of appropriate application, acquisition and interpretation of cardiovascular CT.

Please see reverse for application or visit www.scct.org/fsscct for criteria and application.





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

First _____	Middle _____	Last _____	Degree(s) _____
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Preferred Mailing Address

Address _____

City _____ State _____ Postal Code _____ Country _____

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 Have you ever had hospital staff privileges denied, reduced in scope or rescinded?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 Program Director _____

What is your home institution? _____

Please include the following along with this completed application:

- 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

APPLICATION FEE* PAYMENT INFORMATION

*Irrespective of application acceptance

FSCCT Application Fee: \$500

Note: Annual dues will increase by \$100 upon acceptance.

Check (USD), please make payable to: SCCT

Credit Card, complete information at right

Visa MasterCard American Express Discover

Card # _____

Expiration Date _____ CVV Code _____

Billing Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Signature _____

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.

Submit Application to:

SCCT

415 Church Street, NE • Suite 204
Vienna, VA 22180

Total \$ _____ Date _____ Staff Initials _____