



New Member Application for:
OR Member Dues for:

Applying for: Doctorate Member Advanced Practitioner Member
 Vascular Care Team Member Associate Member

Current members may apply for:
 Fellow or Senior status

PERSONAL DATA Complete both pages of application — print or type

FIRST/GIVEN NAME MIDDLE INITIAL LAST/FAMILY NAME DEGREE(S)

BUSINESS

BUSINESS ADDRESS 1

BUSINESS ADDRESS 2

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX EMAIL

HOME ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX EMAIL

Preferred Address for SVM mailings (check one): Business Home

*Who Recruited You? First Name:	Last Name:
*SVM Member who recruited you, if applicable. (Associate members not eligible.)	

PROFESSIONAL DATA

Vascular Interests

- Cardiovascular Prevention & Lipids (CPL)
- Cerebrovascular Diseases (CBS)
- Clinical Vascular Medicine (CVM)
- Diabetes Mellitus & Metabolic Syndrome (DM)
- Peripheral Vascular Interventions (PVI)
- Teaching (TE)
- Thromboembolism & Anticoagulation (TA)
- Vascular Laboratory (VL)
- Vascular Research (VR)
- Vascular Surgery Radiology (VSR)
- Wound Care (WC)
- Other _____ (OTH)

Practice Type

- Cardiologist (CAR)
- Interventional Cardiologist (INT)
- Internal Medicine (IM)
- Interventional Radiologist (IR)
- Neurologist (NE)
- Research Scientist (RS)
- Vascular Internist (VI)
- Vascular Surgeon (VS)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Other _____ (OT)

Primary work setting (check one)

- Cardiovascular Practice Group (CPG)
- Government Hospital or Agency (GOV)
- Medical School or University (MED)
- Multi-Specialty Group Practice (MSGP)

- Non-Government Hospital (NGH)
- Solo Practice (SP)
- Other _____ (OTH)

PAYMENT Payment in U.S. Funds must accompany this application.

- SVM Doctorate or Fellow Member Dues\$425
- SVM Advanced Practitioner Member\$125
- SVM Vascular Care Team Member\$90
- SVM Associate\$25

*Optional subscription to the bimonthly journal, *Vascular Medicine*, for Advanced Practitioner, Vascular Care Team, or Associate Members only\$129

Master Card Visa American Express Wire Transfer Check Payable to: Society for Vascular Medicine

CARDHOLDER'S NAME _____ CARD NUMBER _____

EXP DATE (MM/YYYY) _____ SIGNATURE _____ DATE _____

MEMBERSHIP CLASSIFICATIONS AND REQUIREMENTS

NEW APPLICANTS:

A **Doctorate Member** is an individual who maintains a professional interest in vascular medicine, vascular surgery or vascular radiology. Must have attained a doctorate degree (MD DO, MBBS, PhD, PharmD or equivalent). A Doctorate Member is not entitled to vote or hold elected or appointed office. Doctorate Members are eligible to apply to advance to Fellowship after a one-year membership in good standing. Membership dues include a subscription to *Vascular Medicine*. Applications **must be accompanied by current CV** or Summary of Activities stating applicant's interest in vascular medicine.

An **Advanced Practitioner Member** is an individual who has attained an advanced degree such as nurse practitioner, physician assistant, certified nurse specialist or equivalent. An Advanced Practitioner Member is not entitled to vote or hold elected or appointed office. Advanced Practitioner Members are eligible to apply to advance to Fellowship after a two-year membership in good standing. **Applications must be accompanied by current CV** or Summary of Activities.

Vascular Care Team Members include nurses, ultrasonographers, radiology technicians (CT, MR), cardiac cath lab technologists or equivalent. A Vascular Care Team Member is not entitled to vote or hold elected or appointed office and is not eligible for advancement to Fellowship. **Application must be accompanied by current CV** or Summary of Activities.

An **Associate Member** is an individual in an accredited postgraduate training program. An Associate Member is not entitled to vote or hold elected or appointed office. Associate Members may apply for full Fellow or Member status on completion of their training program. Applicants for Associate Member **must complete the training program information at right.**

ASSOCIATE MEMBER APPLICANTS MUST COMPLETE THIS SECTION

I certify that I am:

- | | | |
|--|------------------------------|-----------------------------|
| a) Involved in at least half-time in a degree-granting program or formal training program that fosters professional development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) In good standing in my training program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) No more than 2 years post-graduation status from the highest degree that I have undertaken (may include post-doctoral or masters) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide your advisor or training director's name and contact information.

NAME OF TRAINING DIRECTOR _____

TELEPHONE _____

E-MAIL _____

CURRENT MEMBERS APPLYING FOR ADVANCEMENT:

Fellow: A Fellow of the Society is an individual involved in the practice, teaching or research aspects of vascular medicine. Nominations for fellowship shall be by written recommendation of one or more Fellows. A Fellow must have completed post-doctoral (e.g., MD or DO or equivalent) training in internal medicine, cardiovascular disease, vascular surgery or interventional radiology or other related vascular specialties. Alternatively, a Fellow may have attained a doctorate degree in any of the biomedical sciences (e.g., PhD or equivalent) and be a member in good standing for one year or have attained an advanced practice degree (e.g., nurse practitioner, physician assistant, clinical nurse specialist or equivalent) and be a member in good standing for two years. A Fellow must demonstrate an interest and leadership in vascular disease, such as Board Certification in Vascular or Endovascular Medicine. Nominations of Fellows who have done meritorious work in the field of vascular medicine can also be made at the discretion of the SVM President or the Credentials Committee. A Fellow is entitled to vote and hold elected or appointed office. Membership dues include a subscription to *Vascular Medicine*. Applications to advance from Member to Fellow **must be accompanied by current CV**, including bibliography, and a **letter of recommendation from an SVM Fellow**.

Senior Member: After attaining the age of sixty-five years, an active Member or Fellow may, upon request, be named a Senior Member. Active Members or Fellows who cease the practice of vascular medicine, upon application to and approval by the Executive Committee, may also be named a Senior Member. Senior Members shall have all of the privileges of Fellows except the right to vote and to hold elected or appointed office. An optional subscription to *Vascular Medicine* is available for \$129.

APPLICATION PROCESS

Applications for membership or advancement in SVM are reviewed by the SVM Credentials Committee and the Board of Trustees. Applicants will be notified of application status within 90 days.

By signing this application, I agree to adhere to the standards set forth in the SVM Code of Ethics (found at <http://vascularmed.org/join/ethics.cfm>).

Signature of Applicant _____ Date _____

MAIL OR FAX THIS FORM WITH PAYMENT AND SUPPORTING MATERIALS TO

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