

FSCCT Application

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

First	Middle	Last	Designation (MD, PhD, etc.)
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Preferred Mailing Address

Address _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Phone _____ Fax _____ Email _____

With respect to privacy issues, the SCCT will not distribute your email address to any other organization.

Please 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 Have you ever had hospital staff privileges denied, reduced in scope or rescinded?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.

What is your home institution? _____

Choose One — Clinical or Scientific Track (Requirements are the same for all applicants regardless of country):

CLINICAL TRACK

- Copies of patient logs or an attestation from an established practitioner group to demonstrate that you have interpreted a minimum of 300 cardiac CT cases. This attestation may come from a colleague or chief.
- List activities demonstrating that you have presented lectures or served as a planner for at least five (5) cardiac CT specific conferences or have demonstrated significant service contributions to SCCT.
- One letter of recommendation.

SCIENTIFIC TRACK

- List of ten (10) peer-reviewed scientific or review papers on cardiovascular CT as a co-author or five (5) peer-reviewed papers as first author. A minimum of two (2) original research papers (*not case reports*) must be first-authored.
- List of at least five (5) lectures related to cardiovascular CT.
- One letter of recommendation.

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 and Payment Information

FSCCT Application Fee: \$150 (Irrespective of application acceptance)
Note: Annual SCCT Membership dues will increase by \$100 upon acceptance.

Total Due \$ _____ (Your payment will be processed at time of receipt)

- Check (USD), please make payable to: **SCCT**
- American Express Discover MasterCard or Visa

Card # _____

CVV Code _____ Expiration Date _____

Billing Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Signature _____

Submit Application to:

SCCT | 415 Church Street NE | Suite 204 | Vienna, VA 22180 | USA



SOCIETY OF
CARDIOVASCULAR
COMPUTED TOMOGRAPHY

www.scct.org | 703.766.1706 | info@scct.org

SCCT Membership Required

FSCCT applicants **must be a member of SCCT** to apply. If you are not a current member, please choose one of the options below and include the appropriate membership fee with your FSCCT application:

■ Physician/Scientist Member

- 1-year SCCT membership – **\$250**
- 3-year SCCT membership – **\$675**
- 5-year SCCT membership – **\$1100**

■ International Member (Australia, Canada, Europe, Japan, New Zealand)

- 1-year SCCT membership – **\$200**
- 3-year SCCT membership – **\$575**
- 5-year SCCT membership – **\$950**

■ International Member - Emerging Markets (located outside the United States in countries other than Australia, Canada, Europe, Japan, and New Zealand)

- 1-year SCCT membership – **\$95**

FSCCT Applications will be reviewed and approved by the FSCCT Committee on a quarterly basis.

Cut off dates are: **January 1, April 1, July 1, and October 1.**

Applicants will be notified of their status following each review session.