



SOCIETY OF  
**CARDIOVASCULAR**  
COMPUTED TOMOGRAPHY

SCCT FIRST Committee Application – please print clearly

Section I

SCCT Member: circle Y / N

\_\_\_\_\_  
First Name                      Middle                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip                      Country                      Phone                      Email Address

Section II – Education and Activities

\_\_\_\_\_  
Undergraduate Institution Name                        /  /                          /  /    
Start Date                      End Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Degree Earned at Completion

\_\_\_\_\_  
Medical School                        /  /                          /  /    
Start Date                      End Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Degree Earned at Completion

\_\_\_\_\_  
Fellowship or Residency Program Name                        /  /                          /  /    
Start Date                      End Date

\_\_\_\_\_  
Address

If any, provide SCCT conferences, meetings, or activities attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JCCT submissions: \_\_\_\_\_

Abstract Presentations: \_\_\_\_\_

\_\_\_\_\_

Provide a brief description of selected ongoing or completed projects related to Cardiovascular Computed Tomography.  
(e.g. IRB approved research protocol, grant proposal, quality and safety improvement project)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of CCT papers published: \_\_\_\_\_

*See Other Side*  
*Section II - Continued*

Please list selected papers, presentations and abstracts completed relating to Cardiovascular Computed Tomography.

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*Section III*

Please describe why you should be selected for a position on the FIRST Committee, and your vision for participation.

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*Section IV- References*

Please include two letters of recommendation (cannot be from your program director).

Reference Information (to be filled out by program director):

I verify that the applicant has met all of the above criteria for their specialty area and the application is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Facility Name

*Section V*

Please include a copy of your formal CV with your application.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Submit Application to: SCCT / 415 Church Street NE / Suite 204 / Vienna, VA 22180  
Fax: 888-849-1542 or 703-766-1265 / Email: first@scct.org

SCCT FIRST Committee Applications are due **May 25, 2017**. Selected candidates will be notified of their appointment in **June 2017**