**THE AMERICAN ACADEMY**

**OF CARDIOVASCULAR PERFUSION**



**Fellow Membership Application**

NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH (MONTH – YEAR)

BUSINESS ADDRESS

(ORGANIZATION)

(YOUR TITLE)

(STREET ADDRESS)

(CITY)       (STATE)       (ZIP CODE – 9 DIGITS)

(COUNTRY)       (TELEPHONE)       (EMAIL ADDRESS)

HOME ADDRESS

(STREET ADDRESS)

(CITY)       (STATE)       (ZIP CODE – 9 DIGITS)

(COUNTRY)       (TELEPHONE)       (EMAIL ADDRESS)

FOR CORRESPONDENCE USE MY [ ]  BUSINESS ADDRESS [ ]  HOME ADDRESS

NOMINATING MEMBER

(ORGANIZATION)

(YOUR TITLE)

(STREET ADDRESS)

(CITY)       (STATE)       (ZIP CODE – 9 DIGITS)

(COUNTRY)       (TELEPHONE)       (EMAIL ADDRESS)

SECONDING MEMBER

(NAME) (TELEPHONE)

SECONDING MEMBER

(NAME) (TELEPHONE)

ARE YOU CURRENTLY A FULL TIME CLINICAL PERFUSIONIST? [ ]  YES [ ]  NO

ARE YOU CURRENTLY CERTIFIED AS A CLINICAL PERFUSIONIST? [ ]  YES [ ]  NO

NUMBER OF YEARS PRACTICING CLINICAL PERFUSION       YEARS

HAVE YOU PARTICIPATED OR ATTENDED AN ANNUAL SEMINAR PRESENTED

BY THE AMERICAN ACADEMY OF CARDIOVASCULAR PERFUSION? [ ]  YES [ ]  NO

IF YES – CHECK ALL THAT APPLY: [ ]  ATTENDEE [ ]  PRESENTOR [ ]  PANEL MEMBER

 [ ]  FIRESIDE CHAT MODERATOR [ ]  OTHERThe purpose of The Academy is to encourage and stimulate investigation and study which will increase the knowledge of cardiovascular perfusion. Please state, in a short concise manner, how you plan to contribute to The AACP if elected to Fellow Membership.

EDUCATION: (LIST LAST SCHOOL FIRST)

 SCHOOL DATES ATTENDED DEGREE MAJOR

1.

2.

3.

4.

CURRENT MEMBERSHIP (S) IN OTHER ORGANIZATIONS:

 NAME MEMBER SINCE POSITIONS HELD

1.

2.

3.

4.

EMPLOYMENT SUMMARY: (LIST PRESENT EMPLOYMENT FIRST)

DATE TO DATE FROM INSTITUTION/HOSPITAL/GROUP POSITIONS HELD

PRESENT

                       I am aware that this application must be accompanied by:

 one (1) letter of nomination, and

 two (2) letters of seconding support

by Fellow and/or Senior Members of The Academy, as well as my Curriculum Vitae\*\*.

I agree that The Academy’s Council, after approval of the Membership Committee, may submit my application for approval or disapproval to the Fellow Membership of The American Academy of Cardiovascular Perfusion at the Annual Business Meeting of The Academy. I agree to pay a $25.00 filing fee with the submission of this application. I further understand that my continued Fellow Membership is dependent upon participation in The Academy according to the Constitution and By-Laws of The Academy.

I hereby certify that the information contained in this application is true and correct.

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 (Date) (Applicant’s Signature)

\*\* A Current Curriculum Vitae Must Include The Following:

 Date And Place Of Birth

Formal Education (Degrees Including Major/Minor School(s))

All Degrees, Certificates, Registrations, Etc.

Amount Of Medical Experience

Amount Of Perfusion Experience

All Medical Organizations To Which Applicant Belongs

All Positions Held (Honorary And/Or Elected)

Area Of Experience Or Expertise Other Than Perfusion (Management, Finances, Educational, Etc.)

Area Of Expertise In The Medical Field

Positions Held In Perfusion Other Than Current Job (Name Hospitals, Surgeons, Etc.)

Current Positions (Include Institutions, Surgeons, Complete Job Description, Number Of Years In

Current Position,, Etc.)

A Bibliography Listing All Publications Authored And Co-Authored

Submit Check or Money Order along with Completed Application to:

 The American Academy of

 Cardiovascular Perfusion

 515A East Main Street

 Annville, PA 17003

*What happens next?*

*Upon receipt of your completed application, CV and letters of nomination, your information will be sent to the members of the Membership Committee for review. Someone from that committee may contact you prior to or at the upcoming meeting. If the Membership Committee elects to recommend you for Fellow membership, your membership will be voted upon at the Closing Business Meeting of the upcoming meeting of The Academy. You will be contacted after the meeting to inform you of the status of your membership. If you have any questions, please contact the National Office at 717-867-1485 or Office@TheAACP.com.*