

SOCIETY FOR VASCULAR ULTRASOUND

Cardiologists

Wondering what SVU can do for YOU?

With the ever-changing healthcare system, SVU can help you prepare for acquisitions, practice expansions, management of new billing codes and more. SVU also offers a variety of educational offerings in which you can earn **over 33 CME credits** per year.

RPVI Preparation

RPVI Study Course 2014 will bring a new requirement for all physicians who want to perform and bill for vascular surgical procedures to hold the RPVI credential. Take advantage of the deep member discount (worth as much as membership itself) through this 2-day study course. Earn at least 16 AMA PRA Category 1 CME Credits™. **DISCOUNT**

Online RPVI Course Through an exclusive relationship with Pegasus Lectures, you will have access to a vast array of RPVI prep courses as well additional online vascular modules. **DISCOUNT**

Practice Management

Monthly Webinars No need to travel, just sit at your desk to hear from experts in the field of ergonomics, emerging procedures, coding and accreditation processes. Earn at least six AMA PRA Category 1 CME Credits™. **FREE**

Performance Guidelines and Position Papers Improve your technical and personal skills by utilizing over 25 SVU recommended practice guidelines, DVD trainings and position papers.

Image Interpretation

Journal for Vascular Ultrasound This quarterly journal delivers original scientific articles in an effort to help you gain a thorough understanding of a variety of tests and recommended interpretation criteria. Earn up to 12 AMA PRA Category 1 CME Credits™. **FREE**



Learn more at www.svunet.org/membership



The VOICE for the Vascular Ultrasound Profession since 1977



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SVU MEMBERSHIP APPLICATION

Please type or print

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name _____

Job Title _____

Preferred Mailing Address: ☐ Business ☐ Home

Company/Institution _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Billing Address for credit card charges (if different from address above)

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Dues (effective until 12/31/2014)

Note: Approximately 20% of your membership dues will be used for advocacy expenses.

- ☐ **Physician Membership (USA/International)**\$245/yr
☐ **Regular Membership (USA & Canada)**\$145/yr
☐ **International Membership (outside USA & Canada)**\$150/yr
☐ **Resident/Fellows Membership**\$95/yr

Resident/Fellows rate is for physicians training at an accredited hospital. ALL are required to submit proof of status in the form of a letter from their department head or program director.

- ☐ **Student**\$25/yr

Students must be full time undergraduate or graduate students and must submit a letter from the department head or registrar certifying your current student status and date of graduation.

- ☐ **Student Transitional Membership**\$80/yr

Previously enrolled SVU Student Members for first year after graduation.

- ☐ **Retired/Disabled Member**\$45/yr

Retired from active employment and no longer employed and/or permanently disabled. Visit online for details and required affidavit.

Payment method

Please make checks payable to SVU in US funds drawn on a US bank, net of all bank charges, or use a credit card: ☐ MasterCard ☐ Visa ☐ AmEx

Account No. _____ Exp. Date _____

Signature _____

Print name _____

Mail this form to:

SVU, P.O. Box 75491
Baltimore, MD 21275-5491

Or fax to (credit card payment only):
301-459-5651

For more information

Phone: 301-459-7550 or 800-SVU-VEIN
E-mail: svuinfo@svunet.org

Or visit us on the web at www.svunet.org

Referring Member

Name _____

Member ID _____

Certification(s) by professional certifying board or agency:

- ☐ RVT ☐ RDMS ☐ RDCS ☐ RVS ☐ RPVI
☐ RPhS ☐ RN ☐ CVN ☐ LPN ☐ LVN ☐ RT
☐ RPhS ☐ RTR ☐ CRT ☐ RRT ☐ PA-C
☐ Other: _____

Highest Degree earned:

- ☐ High School ☐ Some College
☐ Diploma Program ☐ AS ☐ AA ☐ BS
☐ BA ☐ BSN ☐ MS ☐ MA ☐ MSN
☐ Med ☐ MBA ☐ MD ☐ DO ☐ PhD
☐ ScD ☐ JD ☐ Other: _____

Work setting (check one):

- ☐ Hospital/Institution
☐ Private Lab/Physician's Office
☐ Equipment Company

Other organizations of which you are a member:

- ☐ SDMS ☐ SVS ☐ SVM ☐ ASE ☐ ACP
☐ ASN ☐ ACC ☐ SIR ☐ SVN ☐ ACR
☐ ASRT ☐ Other: _____

Year you began work in a noninvasive field:

Specialty of the Physician Medical Director (check one):

- ☐ Vascular Surgery ☐ Cardiology
☐ Cardiovascular Surgery
☐ Radiology ☐ Neurology
☐ General Surgery
☐ Other: _____

Is the performance of noninvasive vascular testing your primary job responsibility?

- ☐ Yes ☐ No

If not, describe your primary job responsibility:

If you are a member of an affiliated SVU Chapter, specify chapter:

Promotion Code: _____