

# 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** 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 as 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](http://www.svunet.org/membership)



The VOICE for the Vascular Ultrasound Profession since 1977

**Referring Member**

Name \_\_\_\_\_

Member ID \_\_\_\_\_



# 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 12/31/2015)

*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** ..... \$60/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](mailto:svuinfo@svunet.org)

Or visit us on the web at [www.svunet.org](http://www.svunet.org)

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: \_\_\_\_\_

ARDMS Number: \_\_\_\_\_

CCI Number: \_\_\_\_\_

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

Promotion Code: \_\_\_\_\_