

SOCIETY FOR VASCULAR ULTRASOUND



Students

For over 35 years, SVU has been dedicated to vascular ultrasound students and providing necessary resources to learn and prepare for upcoming exams.

Education & Exam Preparation

SVU is committed to help you prepare and pass the ARDMS RVT or CCI RVS examination.

Journal for Vascular Ultrasound This quarterly journal delivers original scientific articles, technical reviews and applicable insights to help you connect what you are learning in the classroom to what you see in the workplace. Earn up to three CME credits per issue online (12 per year). **FREE** Online Access Only

Education Access live content through the SVU Webinar Series (free) and Annual Conference (discounted) to hear the latest research surrounding vascular ultrasound.

Study Preparation SVU offers a variety of resources to help you prepare for the RVT or RVS exam, ranging from study cards to hands-on simulation products. **DISCOUNT**

Scholarships Exclusive to student members, you will have access to over \$5,000 in scholarships. This can come in the form of tuition help from the Anne Jones Scholarship, to free registration and hotel room for the Annual Conference.

Community

Connect with our community of over 5,500 vascular professionals from around the world.

Online Job Center Get your dream job with a few clicks of the mouse. **FREE**

Student First eNewsletter Exclusive to student members, the quarterly eNewsletter provides educational and professional information, including practice test questions.

Make your school stand out over all the others... Become a SVU Signature School

Electing to become a *Signature School* is a way to demonstrate the school's commitment to develop the best generation of vascular technologists. Discounted membership, products and services are just a few of the tangible benefits you will receive. Call SVU for more details.



Learn more at www.svunet.org/membership



The VOICE for the Vascular Ultrasound Profession since 1977

Referring Member

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Member ID _____



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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 _____

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City _____ State _____ Zip _____

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City _____ State _____ Zip _____

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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

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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.orgOr visit us on the web at 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: _____