



# ASEAN Federation of Cardiology Fellowship Application Form

(PLEASE TYPE-All sections must be completed by Applicant)

<b>PERSONAL INFORMATION</b>			
First Name:	MI:	Last Name:	
Institution:		Department:	
Mailing Address:			
City:	State:	Country:	Postal Code:
Phone:	Fax:	Email:	
Date of Birth (Month/Year):     /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>EDUCATION</b>				
Please be as accurate and complete as possible. (NOTE: If there is a break in chronology, please use a separate page to indicate activity/place/dates).				
	Name of Institution	City/State and Country	Date Graduated	Degree
College or University				
Medical				

<b>POSTGRADUATE EDUCATION</b>			
Name and Address of Institution	Area of Specialization	Inclusive Dates	Duration (in years)

<b>CERTIFICATION INFORMATION</b>
Currently licensed to practice medicine in (name of country/ies):
Date of medical license:
Percentage of professional time devoted to cardiovascular field     %, since (year)     .
If you are certified by a specialty examining boards in your country or another ASEAN country, please list the name of the board and date of certification(s):

<b>AREA OF PRACTICE</b> (Check all that apply)		
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Critical Care Medicine
<input type="checkbox"/> Pediatric Medicine	<input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Electrophysiology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Thoracic Surgery	<input type="checkbox"/> Interventional
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

<b>Subspecialties</b> (Check all that apply)		
<input type="checkbox"/> Adult Congenital Cardiology	<input type="checkbox"/> Electrophysiology	<input type="checkbox"/> Pediatric Cardiology
<input type="checkbox"/> Cardiovascular Research	<input type="checkbox"/> Heart Failure & Transplant Cardiology	<input type="checkbox"/> Preventive Cardiology
<input type="checkbox"/> Cardiovascular Surgery	<input type="checkbox"/> Interventional Cardiology	<input type="checkbox"/> Vascular Medicine
<input type="checkbox"/> Clinical Cardiology/ General Cardiology	<input type="checkbox"/> MR/CT Cardiology	
<input type="checkbox"/> Echocardiology/ Echocardiography	<input type="checkbox"/> Nuclear Cardiology	

<b>PROFESIONAL APPOINTMENTS</b>			
<b>CURRENT ACADEMIC APPOINTMENT(S)</b>			
Name and Address of Institution	Position/ Title	Inclusive Dates	Duration (in years)
<b>CURRENT HOSPITAL APPOINTMENT(S)</b>			
Name and Address of Institution	Position/ Title	Inclusive Dates	Duration (in years)
Please check the best description of your primary work setting.			
<input type="checkbox"/> Solo Practice	<input type="checkbox"/> Non-Government Hospital		
<input type="checkbox"/> Cardiovascular Practice Group	<input type="checkbox"/> Government Hospital or Agency		
<input type="checkbox"/> Multi-Specialty Group Practice	<input type="checkbox"/> Other:		
<input type="checkbox"/> Medical School or University-Faculty			

1. Has your medical license ever been suspended, terminated or reduced in scope? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain fully on separate page.
2. Have you ever had hospital staff privileges denied, reduced in scope, or rescinded for cause? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain fully on separate page.
3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution or government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain fully on separate page.
4. Have you ever been convicted of or pleaded guilty to a felony or other serious crime? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain fully on separate page.

<b>PUBLICATIONS</b>
The bibliography of your publications must be organized in this order: 1) published papers in peer reviewed journals, 2) textbook chapters, 3) published abstracts, 4) miscellaneous.
Check box below to indicate publications <input type="checkbox"/> My bibliography is attached <input type="checkbox"/> I am not submitting a bibliography

<b>SPONSORSHIP INFORMATION</b>
Each applicant must have one signed reference from a Fellow of FAsCC <b>and</b> one signed reference from your national society committee
Sponsor's Full Name (first, last):
Sponsor's Institution:
Institution Address:
Office Telephone (including country code):
Office Fax (including country code):
Email address:
Sponsor's Full Name (first, last):
Sponsor's Institution:
Institution Address:
Office Telephone (including country code):
Office Fax (including country code):
Email address:

**APPLICATION'S AUTHORIZATION OF RELEASE OF INFORMATION**

I hereby consent to the release by any hospital, educational institution, government agency, physician, professional society, or other person possessing or requiring the same, whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience or professional competence.

I agree that communications of any nature made to the ASEAN Federation of Cardiology regarding my fitness for membership may be made in confidence and shall not be made available to me under any circumstances. I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liability the ASEAN Federation of Cardiology and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents are accurate and supports my qualifications for Fellowship in the ASEAN Federation of Cardiology for which I now apply. I hereby agree that the ASEAN Federation of Cardiology may verify any of the above data. If elected, I agree to conform to the Bylaws of the ASEAN Federation of Cardiology.

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Signature of Applicant

\_\_\_\_\_

Date

**PAYMENT INFORMATION** (must be included with application)

Fellowship Fee: USD 200

Processing Fee: USD 50

**All fully completed application form, curriculum vitae, recent passport size photo and a proof of payment are to be submitted by email to your National Society secretariat.**

All documents must be electronic, preferably in pdf format.

Questions?

Email all questions to the AFC Secretariat at: [afcsecretariat@philheart.org](mailto:afcsecretariat@philheart.org)