



## Society of Cardiovascular Anesthesiologists Membership Application

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(Last name)	(First name)	(MI)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> Other	ABA #
Institution Name			Title	
Institution Mailing Address			Birth Date	
City	State/Country	ZIP/Postal Code	Office Phone	Office Fax
E-mail Address	<input type="checkbox"/> Home <input type="checkbox"/> Office		Mobile Phone	

### I am applying for (visit [www.scahq.org/membership](http://www.scahq.org/membership) for eligibility requirements):

Choose your type: <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Career Scientist	Choose your rate: <input type="checkbox"/> SCA-Only   \$180/year <input type="checkbox"/> SCA-Only + A&A (online only)   \$255/year <input type="checkbox"/> SCA-Only + A&A (print and online) + A&A Practice (online only)   \$315/year <input type="checkbox"/> Joint SCA/IARS Membership   \$375/year	<input type="checkbox"/> SCA Fellow Membership—\$40 <input type="checkbox"/> SCA Resident Membership—\$40
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### Your Profile:

<b>What is your gender identity?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to respond	<b>Current Certifications Earned</b> <input type="checkbox"/> Anesthesiology (ABA) <input type="checkbox"/> Advanced PTEeXAM and RePTE (NBE) <input type="checkbox"/> ACSeXAM and ReASCE (NBE) <input type="checkbox"/> Basic PTEeXAM (NBE) <input type="checkbox"/> Critical Care Medicine (ABIM) <input type="checkbox"/> Internal Medicine (ABIM) <input type="checkbox"/> Internal Medicine (ABIM) <input type="checkbox"/> National Board of Echocardiography <input type="checkbox"/> Pediatrics <input type="checkbox"/> None of the above	<b>Primary Work Setting</b> <input type="checkbox"/> Academic <input type="checkbox"/> Government/VA <input type="checkbox"/> None of the above <input type="checkbox"/> Private <input type="checkbox"/> University Hospital
<b>What is your race/ethnicity</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	<b>Primary Specialty</b> <input type="checkbox"/> Cardiac Anesthesiology <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Cardiology <input type="checkbox"/> Critical Care <input type="checkbox"/> Echocardiography <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Pediatric Anesthesiology <input type="checkbox"/> Perfusion <input type="checkbox"/> Perioperative Medicine <input type="checkbox"/> Thoracic Anesthesiology <input type="checkbox"/> Vascular Anesthesiology <input type="checkbox"/> None of the above	<b>Primary Responsibility</b> <input type="checkbox"/> Academic <input type="checkbox"/> Administration <input type="checkbox"/> Clinical <input type="checkbox"/> Critical Care <input type="checkbox"/> Industry/Commercial <input type="checkbox"/> Management/Leadership <input type="checkbox"/> Outpatient <input type="checkbox"/> Perioperative/OR <input type="checkbox"/> Quality <input type="checkbox"/> Research <input type="checkbox"/> None of the above
<b>Years in Practice:</b> _____		
<b>Highest Degree Earned</b> <input type="checkbox"/> DO <input type="checkbox"/> MD <input type="checkbox"/> Non-Physician/Other <input type="checkbox"/> PhD <input type="checkbox"/> None of the above		

**Your Profile (continued):**

**Primary Position**

- Academic Physician
- Administrator
- Department Chair
- Faculty
- Fellow
- Perfusionist
- Program Director
- Researcher
- Resident
- Sonographer
- Staff Anesthesiologist (employed)
- Staff Anesthesiologist (solo or group partner)
- Student
- None of the above

**What percentage of your time is spent on Cardiac Anesthesia?**

- 0%–25%
- 26%–50%
- 51%–75%
- 76%–100%

**What percentage of your time is spent on Research/Academia?**

- 0%–25%
- 26%–50%
- 51%–75%
- 76%–100%

**What percentage of your time is spent on Primary Clinical Activities?**

- 0%–25%
- 26%–50%
- 51%–75%
- 76%–100%

**What percentage of your time is spent on Administration?**

- 0%–25%
- 26%–50%
- 51%–75%
- 76%–100%

**Do you participate in MOCA 2.0?**

- Yes
- No

Residency/Fellowship Institution (Resident/Fellow Only)

Director of Residency or Fellowship Program (Resident/Fellow Only)

Director of Residency or Fellowship Program E-mail Address (Resident/Fellow Only)

Years active in Residency or Fellowship Program (Resident/Fellow Only)

Check—If paying by check, check must be payable to SCA (US FUNDS ONLY), and mailed to SCA, PO Box 3781, Oak Brook, IL 60522.

VISA       MasterCard       American Express       Discover

Name on Card

Card No.

Exp. Date

Signature