



PERSONAL INFORMATION:

Title _____

First _____ Middle initial _____ Last _____

Designation _____ Specialty _____

Your Preferred Address:

Street _____ City _____ State _____ Zip Code _____

Country _____ Email: _____

Address Type Home Business Practice Other

Fax: _____ Phone number: _____ Alternate phone number: _____

PRACTICE INFORMATION:

Complete Practice Name (please do not abbreviate): _____

Primary Practice Office Address:

Street _____ City _____ State _____ Zip Code _____

Country _____ Practice Email (if applicable): _____

PRACTICE SETTING, PLEASE CHECK ONE:

Single-Specialty Multi-Specialty Solo Practice Other (please specify): _____

PRACTICE TYPE, PLEASE CHECK ONE:

Private Practice Academic Practice Hospital Integrated Practice

Other (please specify): _____

Practice size:

Personnel in practice: Total number _____ Number of Cardiologists _____ Number of MLPs _____

Please check one: Cardiologists Other physicians Mid-level (RN,PA,etc.)

- | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Small (1 office) | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 1-3 |
| <input type="checkbox"/> Medium (2-4 ofcs) | <input type="checkbox"/> 4-10 | <input type="checkbox"/> 4-10 | <input type="checkbox"/> 4-10 |
| <input type="checkbox"/> Large (5+ offices) | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 11-20 |

PAYMENT (please include with your application):

\$250.00 or \$200.00 if you are a current member of MGMA or MedAxiom

Please include a one-time application fee of \$25.00

Check (payable in U.S. funds drawn on a U.S. bank) Check # _____

Mastercard VISA American Express Discover

Card # _____ CSC# (3 digits) _____ Exp. date _____

Signature (required): _____ Date: _____

PLEASE USE ONE OF THESE METHODS TO SUBMIT APPLICATION:

Mail application and payment to: **Fax to:** (202) 375-6842 **Email to:** *resource@acc.org*

American College of Cardiology
Resource Center
2400 N Street, NW
Washington DC 20037

For more information, please contact the ACC Resource Center at (800) 253-4636, ext. 5603.