



ASNR

Application for *Senior* Membership

Indicate if you currently hold ASNR membership in either category: *Member* *Member-in-Training*

Applicants for *Senior* status must:

- ◆ Be a radiologist certified by the *American Board of Radiology*, *The Royal College of Physicians and Surgeons of Canada (RCPSC)*, *The American Osteopathic College of Radiology*, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank.
- ◆ Have completed **one** of the criteria outlined under Part IV.
- ◆ Shall be engaged in active practice of neuroradiology and/or a subspecialty of neuroradiology in a North American country, devoting at least 50% (exclusive of administrative duties) to the professional practice of neuroradiology.

Important:

Applicants wishing to register for the **ASNR Annual Meeting & ASNR Foundation Symposium** at the member rate must submit an application and required documents at least 6 weeks prior to the start of the Symposium, and be in receipt of written notification of acceptance. Visit www.asnr.org for meeting dates.

(Legibly print or type all information on the application)

PART I. Applicant Information

Name: _____
First / Middle / Last Name / Degree
Current Title

List **both Home and Office Addresses**; check which you would prefer for mailings and invoices.

Home
 Address _____
 City/State _____
 Zip _____
 Phone: () _____
 E-Mail: _____
 (Preferred e-mail address **required**)

Work (indicate present employment location)
 Institution _____
 Department _____
 Address _____
 City/State _____
 Zip _____
 Phone: () _____
 FAX: () _____

Present Position (i.e., academic neuroradiologist, neuroradiologist in private practice, etc.): _____
Percent of time devoted to Neuroradiology in present position: _____ %

PART II. Certification and Training

Check one of the following (below):

- Board Certification** date: ___/___/___ ABR
 Subspecialty Certification in Neuroradiology (Date: ___/___/___)
 If other, specify: _____

Radiology Residency ___/___/___ to ___/___/___ ACGME or RCPSC-accredited Radiology Training Program? Y N

Institution: _____ Residency Training Director: _____
 Training Director's Phone: () _____ E-mail: _____

Neuroradiology Fellowship 1st year from ___/___/___ to ___/___/___
 Institution: _____ ACGME or RCPSC-accredited Radiology Training Program? Y N
 Fellowship Training Director: _____ Phone: () _____

Neuroradiology Fellowship 2nd year Same as above from ___/___/___ to ___/___/___ **OR**
 Institution: _____ ACGME or RCPSC-accredited Radiology Training Program? Y N
 Fellowship Training Director: _____ Phone: () _____

Continued...

PART III. Sponsor Information

You need a sponsor if ...

- ◆ You have not passed the ABR's Subspecialty Certification exam in Neuroradiology, and are not a member of the ASNR. The sponsor must be a current ASNR member holding *Senior* or *Member* status. A Sponsor Form is enclosed with this application.

Sponsor's Name: _____

You do not need a sponsor if ...

- ◆ You have Subspecialty Certification in Neuroradiology, and/or have completed an ACGME or RCPSC Neuroradiology fellowship.
OR
- ◆ You currently hold *Member* status.

PART IV. Criteria for *Senior* status

Check one of the following criteria upon which this application is based:

- a) Completion of a 1 or 2-year ACGME or RCPSC-approved fellowship program in Neuroradiology, and passage of the ABR Subspecialty Certification exam in Neuroradiology, **OR**
- b) 1 year of formal fellowship training in neuroradiology, and a second year of experience primarily in neuroradiology, and/or subspecialized area of neuroradiology, during which 90% is performed under the supervision of a *Senior* member in an institution with an accredited radiology residency program, **OR**
- c) 1 year of formal fellowship training in neuroradiology under the supervision of a *Senior* member in an institution with an accredited radiology residency program, *and* 3 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.

Requirements to apply for *Senior* status ...

- Completed application
- Sponsor Form (see information under PART III. to determine *if* you need a sponsor)
- Copy of Radiology or Subspecialty Certificate
- Payment of prorated dues and application fee

Prorated dues (to the right) include application fee.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr. *
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
Senior	\$650 + \$100 application fee	\$750	\$588	\$425	\$750
Senior (Military)	\$230 + \$100 application fee	\$330	\$273	\$215	\$330

*When dues are paid during the 4th Quarter, membership is valid through the end of the following year.

Applicant's Signature

Date

Complete all the information on the application, include required documentation, application fee and dues, and return to:

American Society of Neuroradiology
Membership Department
2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Phone: 630-574-0220 ext. 234
E-mail: bmack@asnr.org
Website: www.asnr.org

American Society of Neuroradiology

2210 Midwest Road, Suite 207

Oak Brook, IL 60523-8205

Sponsor Form for *Senior* Membership

IMPORTANT...

- An applicant who has not passed the ABR's Subspecialty Certification exam in Neuroradiology, and is not a member of the ASNR must have a current ASNR member holding *Senior* or *Member* status serve as a sponsor.
- Applicants for *Senior* membership who have Subspecialty Certification in Neuroradiology and/or have completed an ACGME or RCPSC Neuroradiology fellowship do not require written sponsorship.
- Applicants currently holding *Member* status do not require a sponsor.

Sponsors should return this completed form to the applicant for inclusion with their membership application.

Sponsor Information

Sponsor's Name: _____ Date: _____
Phone () _____ FAX: () _____ Email: _____
Institution: _____

Applicant Information

Applicant's Name: _____

Check one of the following criteria upon which this application is based:

- a) Completion of a 1 or 2-year ACGME or RCPSC-approved fellowship program in Neuroradiology, and passage of the ABR Subspecialty Certification exam in Neuroradiology, **OR**
- b) 1 year of formal fellowship training in neuroradiology, and a second year of experience primarily in neuroradiology, and/or subspecialized area of neuroradiology, during which 90% is performed under the supervision of an ASNR *Senior* member in an institution with an accredited radiology residency program, **OR**
- c) 1 year of formal fellowship in neuroradiology under the supervision of an ASNR *Senior* member in an institution with an accredited radiology residency program, *and* 3 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.

Board Certification by the *American Board of Radiology, The Royal College of Physicians and Surgeons of Canada, The American Osteopathic College of Radiology*, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank. Date ____/____/____ Check one: ABR If other, specify: _____

Subspecialty Certification date: ____/____/____

I (Signature of Sponsor): _____ certify to the best of my knowledge that the information contained in this correspondence is true.

ADDITIONAL COMMENTS (optional): _____



ASNR

2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Credit Card Authorization Form for *Senior* Membership

Please print all information below, and submit this form with your membership application. **All non-U.S. applicants are required to pay their *prorated* membership dues and application fee by credit card using this form.** Payment must accompany the application.

U.S. applicants may elect to pay by either check (made payable to the ASNR) or credit card, using this form.

Please legibly print or type the information below:

Applicant's Name: _____
Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

Billing address, if different from above: Check one Home Institution Business Office

Name of Institution/Affiliation: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country (if other than U.S.): _____

Indicate which *prorated* membership dues and application fee you are paying: _____

Prorated dues (<i>to the right</i>) include the application fee.		1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.
Category	Annual Dues	Jan-March	Apr-June	July-Sept	Oct-Dec
Senior	\$650 + \$100 application fee	\$750	\$588	\$425	\$750
<i>Senior (Military)</i>	\$230 + \$100 application fee	\$330	\$273	\$215	\$330

*When dues are paid during the 4th Quarter, membership is valid through the end of the following year.

Credit Card (check one): _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

If paying by credit card, this form must be included with your membership application.