

ASNR

Abbreviated Application for *Senior* Membership

(Applicant must currently hold "Member" status)

Name: _____ Date: _____

First / Middle / Last Name / Degree

Addresses:

Home

Address _____

City/State _____

Zip _____

Phone: _____

E-Mail: _____

(Preferred e-mail address)

Office (indicate present employment location)

Institution _____

Department _____

Address _____

City/State _____

Zip _____

Phone: _____

FAX: _____

Applicants for *Senior Membership* will fulfill criteria under #1 and #2. Indicate the applicable criterion under #3.

- 1.) Shall 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.
- 2.) Shall be engaged in active practice of neuroradiology and/or a subspecialty of neuroradiology in a North American country, devoting at least one-half time (exclusive of administrative duties) to the professional practice of neuroradiology.
- 3.) Shall have completed **one** of the following criteria:

Check the criterion that applies:

- a) 2 years of neuroradiology fellowship under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program, **OR**
- b) 1 year of fellowship in neuroradiology (*which may not have begun until 18 months after the beginning of radiology residency*), and a second year of experience *primarily* (>90%) in neuroradiology, and/or a subspecialized area of neuroradiology under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program, **OR**
- c) 1 year of fellowship in neuroradiology under the supervision of an ASNR *Senior* member in an institution with an ACGME or RCPSC-accredited radiology residency program, *and* 3 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology, **OR**
- d) Subspecialty Certification (formerly CAQ) in Neuroradiology (from 1994 through 2004), and 4 years of subsequent radiology practice during which 50% of the practice time is documented in neuroradiology.

Email, FAX or Mail completed application with a copy of your ABR or Neuroradiology CAQ certificate 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