

Application for Fellow Membership in the APACVS (FAPACVS)

Applicant must be a current Active member of the APACVS to apply for Fellow membership.

First Name _____ MI _____ Last Name _____

Contact Information

My preferred address is my Home Address Work Address.

Preferred Address: _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____

Cell Phone _____ Pager _____

Email _____

Employment Information

Supervising Physician _____

Phone _____

Recommending Physician (*if other than current supervising physician*) _____

Phone _____

Department Chair _____

Phone _____

Years Employed in Current Position _____

Years Employed as a PA in Cardiovascular and/or Thoracic Surgery _____

School & Training Information

PA Program & Location _____

Date of Graduation _____

Post-Graduate Training Program in Cardiovascular and/or Thoracic Surgery

Program Director _____

Phone _____ Year Completed _____

Supporting Documentation to be submitted with Application

For applicants with five or more years of clinical experience in cardiovascular/thoracic surgery:

- 1) Current curriculum vitae
- 2) Letter of recommendation from the current supervising physician or most recent supervising physician within the previous twelve-month period. The letter must attest to the applicant’s competence and proficiency, the number of years of clinical cardiovascular/thoracic surgical practice, and the approximate number of patient encounters* during the applicant’s association with the practice. *Letter must be submitted on physician’s letterhead.*

For applicants with fewer than five years of clinical experience in cardiovascular/thoracic surgery:

- 1) Current curriculum vitae
- 2) Letter of recommendation from the current supervising physician or most recent supervising physician within the previous twelve-month period, attesting to the applicant’s competence and proficiency in the practice of cardiovascular/thoracic surgery. *Letter must be submitted on physician’s letterhead.*
- 3) Certificate of Completion of a post-graduate training program in cardiovascular/thoracic surgery that meets the guidelines as set forth by the joint task force of the APACVS and the Society of Thoracic Surgeons. ~OR~ Letter of verification from the supervising physician attesting to applicant’s having had two years of full-time experience in the management and treatment of cardiovascular/thoracic surgical patients. *Letter must be submitted on physician’s letterhead.*
- 4) Signed transcript of a minimum of 200 patient encounters* logged via the APACVS database. ~OR~ Copy of applicant’s employer-provided, HIPAA-compliant credentialing logbook, documenting a minimum of 200 patient encounters.*

**A patient encounter is defined as acting as a first or second assistant in the operating room—including harvesting conduit, acting as the primary operator in performing any diagnostic or therapeutic procedure, or active participation in the bedside management of a patient.*

DECLARATION

The information provided on this application and in all supporting materials is, to the best of my knowledge, accurate and true.

Signature of applicant

Date

Application Process

The APACVS Fellow Membership Committee will review applications on a monthly basis. Please be advised that applications will be reviewed only when all required documentation has been received. Applicants should be aware that a percentage of applications and supporting documentation will be audited for accuracy, and that falsifying documents or patient encounters will be considered grounds for disciplinary action by the organization.

Please remit application and supporting documentation to APACVS.
(A \$50 filing fee will apply to all applications postmarked after July 31, 2007.)

Association of Physician Assistants in Cardiovascular Surgery (APACVS)

**Attn: Kim Shapland
P.O. Box 674867
Marietta, GA 30006**

Office Use only: Date Received _____ Complete _____ Reviewed _____
