# APPLICATION FOR MEMBERSHIP

## to the WORKING GROUP OF ECHOCARDIOGRAPHY AND CARDIAC IMAGING

## of the Swiss Society of Cardiology

I submit my application to become a member of the working group :

Name : ……
First name : ……
Title : ……
Institution : ……
Address : ……
E-mail : ……
Year in which FMH cardiology or équivalent was obtained :……

*For extraordinary members of the Working Group* *Specialty : ……..……..……..*
*Title / function :* ……

I regularly perform *

- ☐ transthoracic echocardiography
- ☐ transoesophageal echocardiography
- ☐ stress echocardiography
- ☐ cardiac scintigraphy
- ☐ cardiac CT-scan
- ☐ cardiac MRI

I am a member of the regional group of echocardiography of ……

Date : ……. Signature : ……..……

* *To ensure a high quality in echocardiography, the Working Group of Echocardiography recommends to perform at least 200 echocardiographic studies per year, (at least 50 TEE / at least 50 stress echocardiographic studies per year if relevant), in addition to attending 10 hours of continuous medical training in echocardiography each year and to be an active member in a regional group of echocardiography.*

**Applications for new members must include the names and signatures of two sponsors who are ordinary members of the Working Group.**

Name of 1st sponsor : ……..
Signature : ……..
Name of 2nd sponsor : ……..
Signature : ……..

Send this form to the secretary of the Working Group of Echocardiography and Cardiac Imaging.

sekretariat@swissecho.ch