APPLICATION FOR MEMBERSHIP

WORKING GROUP SWISS CARDIAC IMAGING

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 Swiss Society of Cardiology:

info@swisscardio.ch