



The Society of Invasive  
Cardiovascular Professionals

1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

Phone: (919) 861-4546  
Fax: (919) 787-4916  
Website: [www.sicp.com](http://www.sicp.com)

## Fellowship Status with the SICP

Fellowship status may be awarded to any Professional member meeting the Fellowship status requirements. A Professional member wishing to apply for Fellowship status must complete the Fellowship application, meet the requirements and submit the application fee to Society Headquarters.

### Requirements

- 1 Have sat for, and passed, the Invasive Registry (RCIS) examination administered by Cardiac Credentialing International (CCI).
- 2 Active status with CCI and the SICP.
- 3 Current staff position at a health care facility based in the cardiac catheterization laboratory or associated with an invasive cardiovascular technology program.
- 4 The applicant must have made significant contributions to the SICP, or to the field of invasive/ diagnostic cardiology.

This last requirement may be fulfilled by publication in national journals, authoring or coauthoring a book/ chapter, serving on committees or special projects for the society, or serving as an officer or committee chairman in a recognized national organization which has an overlapping interest in cardiology. This requirement may also be met if the applicant has been responsible for the organization of, or presentation in, educational programs on the national or regional level with a course curriculum relevant to cardiology.

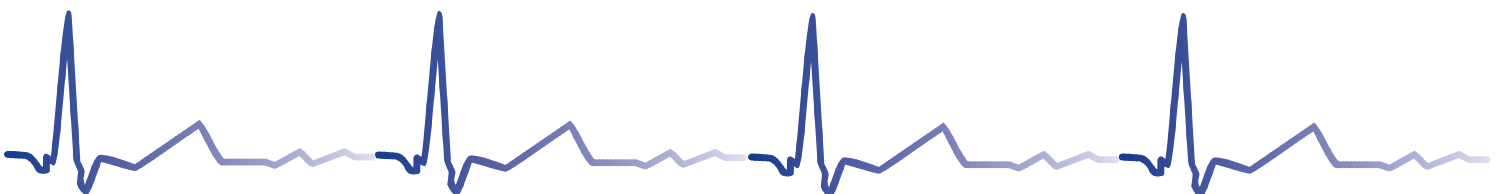
The Membership Committee will consider an applicant who believes that they meet all the criteria other means not specifically listed in the explanation.

The applicant should submit proper documentation to support Fellowship criteria's one through four. This should include a copy of the applicant's CV, relevant publications, letters of commendations or service, and any other documents thought to be relevant.

Applicants should mail to SICP supporting documents and a letter of request regarding fellowship status.

**Application Fee is twenty-five dollars (\$25)**

***SICP looks forward to your application!***





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# Application for Fellowship Status

Date: \_\_\_\_\_

## Applicant Information *(please print):*

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

SICP Membership ID Number: \_\_\_\_\_

Members Since: \_\_\_\_\_

Date RCIS was earned: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please make sure to include a \$25.00 processing fee with your application.*

## Payment Information:

Check    MasterCard    VISA

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### Office Use Only:

Application Fee: \$ \_\_\_\_\_ Order Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date sent to Committee: \_\_\_\_\_

Date sent to BOD: \_\_\_\_\_ Decision:  Accepted    Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

