

# Fellow of the College of Asian Pacific Society of Cardiology 之申請作業服務

- 為方便本學會之會員申請 College of Asian Pacific Society of Cardiology (CAPSC) 之 fellowship，請有意申請者，如嫌麻煩，可把其申請表（請上網 [www.apscardio.org](http://www.apscardio.org) 去 down load）填妥後寄到本學會之秘書處，黃淑菁小姐收〔如為本學會之指導醫師則僅填寫申請表之第一頁（在其右下方簽名並交一般之英文履歷）即可，p2 - 4 不必填繳〕；並請繳費到 CAPSC 帳戶：

Bank name: Oversea-Chinese Banking Corporation Ltd.

Bank Address: 277 Orchard Road #01-01 Specialists' Shopping Centre, Singapore 238858

Account Name: College of Asian Pacific Society of Cardiology Pte. Ltd.

Account No.: 508-003019-301

Swift Code: OCBCSGSG

- 申請類別：

(A) Fellow：須繳美金 200 + 100 = 300 元

(a) 本學會之指導醫師（只填 p1 並交一般之英文履歷即可，不必填 p 2 -4）

(b) 或 V3 以上，附有學有專精之證件者（須填 P 1 - 4）

(B) Associate Fellow：須繳美金 150 + 100 = 250 元

(a) V1 及 V2

(b) 或 V3 以上未符合 (A) 項 (Fellow) 之條件者

(C) Fellow in training：須繳美金 50 + 100 = 150 元

(a) F1 及 F2

- 第一梯次申請到 10 月 15 日截止，不必推薦人；請同時附上繳費證明影本。審查通過者將安排在今年 12 月 15 日傍晚之 CAPSC 慶祝大會中（地點：台北國際會議中心），參加第一屆授證典禮領取 FCAPSC 證書，請把握機會。

- 聯絡窗口：

中華民國心臟學會黃淑菁小姐

Tel: (02) 25976177 - 79 轉 17 分機

e-mail: [sivic@tsoc.org.tw](mailto:sivic@tsoc.org.tw)

Fax: (02) 25976180

地址：台北市民權西路 27 號 7 樓



## Fellowship Application College of the Asian Pacific Society of Cardiology Accreditation Committee

(Applications are available at [www.capsccardio.org](http://www.capsccardio.org) and [www.apscardio.org](http://www.apscardio.org).)

First Convocation Ceremony to be held on **15 December 2007**

Deadline for Receipt of Application is extended to **15 October 2007**

(PLEASE PRINT OR TYPE)

APPLICATION FOR:  Fellowship  Associate Fellowship  Fellow in training

**PERSONAL DATA** (All sections must be completed by the applicant)

FULL NAME \_\_\_\_\_  
(FIRST) (MI) (LAST)

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
(MO) (DAY) (YEAR)

PRACTICE / INSTITUTION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY/STATE/PROVINCE/COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/PROVINCE/COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

If the above address is not permanent, kindly explain here:

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

OFFICE TEL (include country code) \_\_\_\_\_ HOME TEL \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Sponsors: Each applicant must have **one** reference from a Fellow of CAPSC (FCAPSC) and **one** reference from your national society or an established recognized cardiovascular specialist of international repute.

**\* For the first Convocation ceremony, the reference letters are waived. Application will be vetted by Accreditation committee**

Reference 1. \_\_\_\_\_

Address \_\_\_\_\_

Reference 2. \_\_\_\_\_

Address \_\_\_\_\_

**Please check the best description of your primary work setting.**

- |   |   |
|---|---|
| <input type="checkbox"/> Solo Practice                        | <input type="checkbox"/> Medical School or University-Other     |
| <input type="checkbox"/> Cardiovascular Practice Group        | <input type="checkbox"/> Non-Government Hospital                |
| <input type="checkbox"/> Multi-specialty Group Practice       | <input type="checkbox"/> Government Hospital or Agency-Military |
| <input type="checkbox"/> Medical School or University-Faculty | <input type="checkbox"/> Government Hospital or Agency-Other    |
| <input type="checkbox"/> Other                                |   |

**Please indicate below the amount of time you spend in the following subspecialties.**

- |  |   |
|--|---|
| _____ Adult Congenital Cardiology            | _____ Electrophysiology                       |
| _____ Cardiovascular Research                | _____ Heart Failure and Transplant Cardiology |
| _____ Cardiovascular Surgery                 | _____ Interventional Cardiology               |
| _____ Clinical Cardiology/General Cardiology | _____ MR/CT Cardiology                        |
| _____ Echocardiology/Echocardiography        | _____ Nuclear Cardiology                      |
| _____ Pediatric Cardiology                   | _____ Vascular Medicine                       |
| _____ Preventive Cardiology                  | _____ Other                                   |

**PAYMENT INFORMATION (Must be included with application)**

One year of current dues for new members **plus processing fee** must be included with the application.

Fellow: US\$200      Associate Fellow: US\$150      Fellow in training: US\$50.00      Processing Fee: US\$100

Please send your payment via telegraphic transfer to the following Bank Account :

Bank Name: Oversea-Chinese Banking Corporation Ltd

Bank Address: 160 Orchard Road #b1-12/13 ORCHARD POINT, Singapore 238842

Account Name: College of the Asian Pacific Society of Cardiology Pte. Ltd.

Account No.: 508-003019-301

Swift Code: OCB CSGSG

**CERTIFICATION**

Currently licensed to practice medicine in country(s) or province(s) of \_\_\_\_\_ since \_\_\_\_\_

PERCENTAGE of professional time devoted to cardiovascular field \_\_\_\_\_ % since \_\_\_\_\_

Are you certified by any specialty examining boards in your country or another Asian Pacific country? Yes No

If yes, name of board \_\_\_\_\_

(Check all that apply and date taken)

Primary Board Certification	Date	Subspecialty Board Certification	Date	CV Subspecialty Certification	Date
Internal Medicine		Cardiovascular Disease		Critical Care Medicine	
Pediatric Medicine		Pediatric Cardiology		Electrophysiology	
Surgery		Thoracic Surgery		Interventional	
Other:		Other:		Other:	

Are you eligible to sit for a board examination which is not listed above? Yes No

If yes, name of board \_\_\_\_\_

Date Scheduled \_\_\_\_\_ Candidate No \_\_\_\_\_

**POSTGRADUATE TRAINING**

Appointments (\*e.g., Intern, Resident, Fellow). NOTE: A detailed description of the scope of the training program in an institution should be submitted with the application.

Name and Address of Institution	* Area of Specialization	Inclusive Dates	Duration (in years)

**EDUCATION**

Please be as accurate and complete as possible. (Include any military service, sabbaticals, etc.) NOTE: If there is a break in the chronology, please use a separate sheet to indicate activity/place/dates. Send copy of medical degree.

College or University	Name of Institution	City/State and Country	Date Graduated	Degree
Medical:				

**APPOINTMENTS**

ACADEMIC APPOINTMENTS, both past and present. Please complete all sections or write "NONE".

Name and Location of Institution	Position or Title	Inclusive Dates	Duration (in years)

HOSPITAL APPOINTMENTS, both past and present, include staff appointments and admitting privileges. Fill in all sections, or write "NONE" if that is the case. Please include a description of the Cardiology Unit/Department, including the size, extent and number of procedures, i.e., catheterization, open heart surgeries, performed annually.

Name and Location of Institution	Position or Title	Inclusive Dates	Duration (in years)

**MEDICAL SOCIETY MEMBERSHIPS**

Name of Medical Society	Office Held (if any)	Dates

1. Has your medical license ever been suspended, terminated or reduced in scope?  
 Yes  No If yes, explain fully on separate page.
2. Have you ever had hospital staff privileges denied, reduced in scope, or rescinded for cause?  
 Yes  No If yes, explain fully on separate page.
3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution or government agency?  
 Yes  No If yes, explain fully on separate page.
4. Have you ever been convicted of or pleaded guilty to a felony or other serious crime?  
 Yes  No If yes, explain fully on separate page.

**PUBLICATIONS**

The bibliography of your publications must be organized in this order:

- 1) published papers in peer reviewed journals,
- 2) textbook chapters, invited articles, and reviews,
- 3) published abstracts,
- 4) miscellaneous. Ensure that the citation of each publication is accurate and thorough. No publication reprints will be accepted.

Check box below to indicate publications.

- My Bibliography is attached  I am not submitting a bibliography

**DOCUMENTATION CHECKLIST**

Each of these documents must be included with this application. The CAPSC Accreditation Committee **will not** complete applications with **any** missing documentation.

- \_\_\_\_\_ Photocopy of medical diploma.
- \_\_\_\_\_ Letter(s) verifying current Academic Appointment(s); English translation.
- \_\_\_\_\_ Letter(s) verifying Hospital Appointment(s); English translation.
- \_\_\_\_\_ Two letters of reference (waived for first convocation)
- \_\_\_\_\_ Clarify Hospital and/or Academic status of Institution, (e.g. size, number of open heart surgeries and cardiac catheterization performed yearly.)
- \_\_\_\_\_ Official bank draft in USD funds made payable to the College of the Asian Pacific Society of Cardiology, including US\$100 processing fee.

**APPLICANT'S AUTHORIZATION OF RELEASE OF INFORMATION**

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same, whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience or professional competence.

I agree that communications of any nature made to the College regarding my fitness for membership may be made in confidence and shall not be made available to me under any circumstances. I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liability the College of the Asian Pacific Society of Cardiology and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents are accurate and supports my qualifications for membership in the College of the Asian Pacific Society of Cardiology for which I now apply. I hereby agree that the College of the Asian Pacific Society of Cardiology may verify any of the above data. If elected, I agree to conform to the Bylaws of the College.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

All fully completed applications with payment are to be submitted to the following address:

College of the Asian Pacific Society of Cardiology  
Secretariat  
391B Orchard Road, #08-01 Tower B, Ngee Ann City  
Singapore 238874  
Te:65-68818811  
Fax: 65-67381678

## 中華民國心臟學會 《心臟血管介入專科醫師認證辦法》

本年度最後一次申請截止日期為 96 年 10 月 12 日，  
尚未申請者，邀請您儘快提出申請！！

【該認證辦法僅適用於 "成人心臟血管介入專科"，小兒心臟及電生理部份並不包含其中。  
故小兒心臟科及施行電生理治療之專科醫師不需提出申請】

### 一、新申請者審查標準：

- 1) 具心臟專科醫師資格
- 2) 具心臟專科醫師資格後（可追溯至通過專科甄試當年七月份起算），須再接受完整一年〔註〕之心臟血管介入治療訓練。
- 3) 實際主持施行心臟血管介入治療七十五個案例以上。（Under Supervision 也算，但一案例限 1 人申請）

〔註〕「完整一年」謂每週三天（含）以上，如每週二天則須延長為二年，一天延長為三年。

說明：75 個案例累積須從具心臟專科醫師資格後起算（專科醫師訓練期間之案例不可列入計算）。

### 二、97 年 1 月 1 日前已施行者申請資格—

- 1) 具心臟專科醫師資格（於 97 年 1 月 1 日前取得者）。
- 2) 檢附實際主持施行心臟血管介入治療七十五個案例之病歷資料（含姓名、病歷號碼、醫院正式介入治療性心導管報告；一案例限 1 人申請）。

三、通過資格審查者，將核發證書（證書費新台幣壹仟元整）；證書有效期限為六年，換證辦法另訂之。

# 中華民國心臟學會

## 「心臟血管介入專科醫師」申請表（一）

姓 名		專科號碼	S
服 務 單 位 / 科 別	_____ 醫院 _____ 科 職稱：_____		
提出審查例數	_____ 例 <div style="text-align: right;">(註：請詳細填寫附表)</div>		

\_\_\_\_\_ (簽章)，申請日期：民國 \_\_\_\_ 年 \_\_\_\_ 月 \_\_\_\_ 日



## 中華民國心臟學會

### 「心臟血管介入專科醫師」申請表（二）

姓 名		專科號碼	S
服務單位 / 科別	_____ 醫院 _____ 科 職稱：_____		
訓練時間	_____ 年 _____ 月 至 _____ 年 _____ 月		
訓練醫院	_____ 醫院 _____ 科		
主要指導醫師	姓 名	(簽章)	(簽章)
	心血管介入專科證號		
提出審查例數	_____ 例		
(註：請詳細填寫附表)			

\_\_\_\_\_ (簽章)，申請日期：民國 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

【附表】（附 75 例報告）

編號	病人姓名	病歷號碼	施行日期	心臟血管介入治療結論 （附醫院正式治療性心導管手術報告影印本）

註：不敷使用時請影印使用。

## 中華民國心臟學會 【鼓勵會員參加國際會議發表研究成果】辦法

96.06.11 第九次理監事會議記錄會議通過

**目 的：**為鼓助學會會員參加國際會議發表學術研究成果

**辦 法：**

1. 心臟學會會員於 ACC/AHA/ESC 發表 paper 者（限於國內之研究）。
2. 發表型式（Oral 或 Poster）不拘，但需註明心臟學會贊助。
3. 一人每年以一篇為限，一篇 paper 僅限一人申請（申請者須為第一作者或發表者）。
4. 每篇補助新台幣六萬元整。
5. 附上論文摘要內容及會議接受函影本向本會提出申請。