

# SCARD

## Society of Chairs of Academic Radiology Departments 2016-2017 Membership Application

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Name in Full: \_\_\_\_\_  Male  Female

Degrees/Credentials (Max. of 2): \_\_\_\_\_ Birth (mm/dd/yy): \_\_\_\_\_

### Office Address

Department/Institution: \_\_\_\_\_

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

City, State, Zip/Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*(Please note that a majority of SCARD business is conducted via e-mail)*

### Home Address

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

City, State, Zip/Postal Code: \_\_\_\_\_

Preferred Address for Correspondence:  Office  Home

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### **Eligibility:**

All departments of radiology having accredited radiology residency programs in the United States and Canada are eligible for membership in the Society. Please mark an 'X' in the box noting your position. If you are the Chair of a department of radiology which *does not* have a radiology residency program, you do not qualify for membership in SCARD.

I am the Department Chair Date Effective: \_\_\_\_\_

I am the Interim or Acting Department Chair Date Effective: \_\_\_\_\_

Please list the name and address of the hospital(s) in which the residency programs(s) is(are) based:

\_\_\_\_\_

What is the current status of your residency program?

Fully accredited by ACGME

Provisionally accredited by ACGME

Probation

Not Accredited

