

SCARD

Society of Chairs of Academic Radiology Departments

2017-2018 Membership Application

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

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

