



THE PEDIATRIC CARDIAC INTENSIVE CARE SOCIETY

110 Horizon Drive, Suite 210, Raleigh, NC 27615
Phone: 919-573-5018 • E-mail: info@pcics.org • www.pcics.org

MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ MI: _____ MD DO PhD RN NP
 RRT APN MD-PhD PA Other _____

Preferred Mailing Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Office Phone: _____ Mobile Phone: _____

E-mail: _____ Title: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Type of Practice: Private University Government Other

Hospital: _____ University Affiliation: _____

Academic Degrees & Other Professional Certifications with dates: _____

Specify residencies and fellowships completed with year (or year of anticipated completion): _____

I Hereby Make Application As A:

	TIER 1	TIER 2	TIER 3	TIER 4
<input type="checkbox"/> PHYSICIAN	\$150	\$75	\$30	\$5
<input type="checkbox"/> NURSE/ALLIED HEALTH/TRAINEE/RESIDENT/FELLOW (Nurses, Other Non-Physician Medical Personnel)	\$100	\$50	\$20	\$3

Please refer to the PCICS Website (www.pcics.org/join/membership-tiers/) to determine your tier. **TOTAL: \$** _____

Please check all that apply:

Specialty:

- Anesthesiologist
- Cardiac Cath Lab Nurse
- Cardiac Cath Lab Nurse Practitioner
- Cardiac Nurse
- Cardiac Nurse Practitioner
- Cardiac Surgeon
- CICU Nurse
- CICU Nurse Practitioner
- ECMO Specialist
- Pediatric Cardiac Intensivist
- Pediatric Cardiologist
- Pediatric Intensivist
- Pediatrician
- Perfusionist
- Other – Specify _____
- PharmD
- PICU Nurse Practitioner
- Respiratory Therapist

Where do you work?

- CICU CVICU PICU Cardiology step down unit Cardiology floor NICU Pediatric floor NA

Where are cardiac intensive care patients cared for in your hospital?

- CICU CVICU PICU NICU NA

In your institution, how many beds are there in each unit (“NA” if your hospital does not have the specific unit):

CICU _____ CVICU _____ PICU _____ NICU _____ NA

Payment Options:

- Check or Money Order Enclosed (**US Funds**) Made Payable to: PCICS, 110 Horizon Drive, Suite 210, Raleigh, NC 27615
- AmEx Mastercard Visa Discover

Card No: _____ Exp Date: _____ CVV Code: _____ Credit Card Zip Code: _____

Signature: _____ Printed Name on Card: _____