### **FHRS Membership Application**

Physicians Certified by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine in Clinical Cardiac Electrophysiology



Fellow of the Heart Rhythm Society (FHRS) status recognizes members for their advanced training, certification and commitment to the research and treatment of heart rhythm disorders.

### **Eligibility Criteria and Application Checklist:**

- A completed copy of this form, including payment of the \$135 application processing fee.
- 2. Current membership with the Heart Rhythm Society as a Physician.
- 3. Two letters of support from current FHRS members. A list of FHRS members can be found at www.HRSonline.org/FHRS. The letters may be addressed to the Membership Committee and sent either with the application or separately to the Heart Rhythm Society.
- **4.** A cover letter by you documenting your interest in FHRS.
- **5.** Initial certification by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine in Clinical Cardiac Electrophysiology.

### **FHRS Application Process:**

- Completed applications from eligible candidates are considered by the Membership Committee.
- Please allow approximately four weeks for the Membership Committee to consider your request.
- The Membership Committee reviews applications throughout the year.
   However, completed applications must be received by March 31 in order to be considered in time for induction at the Annual Scientific Sessions.

# FHRS MEMBERSHIP BENEFITS INCLUDE

Mounted FHRS Certificate and FHRS lapel pin

Induction and recognition during a special event at the Annual Scientific Sessions

Entitlement to use the designation and brand of Fellow of the Heart Rhythm Society (FHRS), reflecting your advanced training and professional achievement

Special recognition on the Fellows page of the Society website and in other Society communications

Early registration and housing for the Annual Scientific Sessions

#### **QUESTIONS?**

Contact the Membership
Department at 202-464-9855
or membership@HRSonline.org

## **FHRS Membership Application**

Signature:

## Physicians Certified by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine in Clinical Cardiac Electrophysiology



Applicant Information:		SEND YOUR COMPLETED APPLICATION PACKET TO:
Member ID#:	ABIM ID #:	 Mail
Name:		Heart Rhythm Society  Membership Committee
Address:	——————————————————————————————————————	
City:		Express Mail Heart Rhythm Society 9050 Junction Drive
State/Province:	Postal Code:	Annapolis Junction, MD 20701 USA
Country:		
Telephone:	Fax:	<b>Fax</b> +1-240-241-5476
E-mail (required):		<b>E-mail</b> membership@HRSonline.org
Payment Information:		QUESTIONS?
Payment of a \$135 non-refundable applicad  ☐ I have enclosed a check, payable to the ☐ I authorize payment of \$135 to the Hear ☐ Visa ☐ MasterCard	Heart Rhythm Society.	Contact the Membership Department at 202-464-9855 or membership@HRSonline.org
Cardholder's Name:		EUDO status is a sufarmed
Cardholder's Signature:		FHRS status is conferred immediately upon approval but you will not be billed at the FHRS physician dues rate until your next billing cycle. The current FHRS annual dues rates for physicians are
Credit Card Number Expiration Month / Year		
		\$695 for U.S. members and \$515 for international
Security Code (3- or 4-digit code on card)	Billing Postal Code	members. Lower rates are available if you are in your first
I certify that all information provided on this application and attached documentation is correct:		two years out of training.

Date: