

GHANAIAN SOCIETY OF CARDIOLOGY (GSC)

MEMBERSHIP APPLICATION FORM

BIODATA

TITLE: NAME:

DATE OF BIRTH: (DD/MM/YY)

HOME TOWN: REGION: COUNTRY:

SPOUSE NAME:

NUMBER OF CHILDREN:

POSTAL ADDRESS:

.....
.....

TEL NUMBER (S):

MOBILE NUMBER ON WHATSAPP:

EMAIL ADDRESS:

HOUSE DIGITAL ADDRESS:

NATIONAL ID NUMBER:

EDUCATION AND TRAINING

Please write the name of the school, qualification/certificate and year obtained

a. University education:

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b. Postgraduate education:

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c. Other cardiovascular training programs:

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PROFESSIONAL EXPERIENCE

PRACTICE ID NUMBER:

CURRENT PRACTICE LOCATION:

DATE OF CURRENT PRACTICE:

POSITION/LEVEL:

AREA OF PRACTICE: ADULT CARDIOLOGY, PAEDIATRIC CARDIOLOGY

AREAS OF INTEREST:

1. CLINICAL CARDIOLOGY
2. INTERVENTIONAL CARDIOLOGY
3. CARDIAC IMAGING
4. ELECTROPHYSIOLOGY
5. PREVENTIVE CARDIOLOGY
6. HEART FAILURE
7. CONGENITAL HEART DISEASE
8. CRITICAL CARE/INTENSIVE CARE
9. CARDIOVASCULAR RESEARCH
10. OTHER (specify):

PREVIOUS JOB EXPERIENCES

PLEASE LIST ALL THE PREVIOUS PLACES YOU HAVE WORKED AND THE SPECIFIC AREA OF YOUR WORK

FACILITY (NAME/PLACE)	FROM	TO	NATURE OF WORK

RESEARCH & PUBLICATIONS

PLEASE LIST THE PUBLICATIONS YOU HAVE DONE

1.
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2.
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3.
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4.
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5.
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6.
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DECLARATION:

IDECLARE THAT ALL THE INFORMATION GIVEN
IS TRUE

SIGN: DATE:

RECOMMENDATION

FROM TWO CARDIOLOGISTS WHO ARE MEMBERS OF GSC

1. NAME: SIGN:
2. NAME: SIGN:

FOR OFFICE USE ONLY

APPROVED OR DISAPPROVED

TYPE OF MEMBERSHIP:

PRESIDENT: SIGN: DATE:

GEN. SECRETARY SIGN: DATE: