# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**INSTRUCTIONS FOR PROPOSAL FOR MEMBERSHIP**

In order to comply with the provisions of the Constitution, the Council should have the following information available for review:

1. Formal nomination (proposal form included in this package)

1. Supporting letters of recommendation from:
   1. Proposer, indicating candidate’s outstanding ability and promise in academic cardiology
   2. Seconder
   3. Responsible member of the nominee’s medical school faculty to document nominee’s full time status and major responsibilities for the teaching and research programs in clinical cardiology at his/her institution

1. Nominee’s *Curriculum Vitae* with bibliography
2. 250-word summary regarding teaching, research responsibilities and how the nominee has promoted diversity, equity, inclusion within their research or mentoring.

1. Additional letters of recommendation (no more than 6)

1. **Original in PDF format**

1. If you wish to **re-nominate** someone who was not chosen the previous year, we only need the letters mentioned above in #2 (an updated letter from the nominator, seconder, and another responsible faculty member from the nominee’s institution documenting current status – 3 letters total). If there have been significant changes in the nominee’s CV, you may want to resubmit a revised cv.

**These requirements are due by December 1, 2020.**

**BEFORE SUBMISSION TO THE EEXECUTIVE ADMINISTRATOR, THE FOLLOWING CHECKLIST MUST BE COMPLETED AND ATTACHED TO THE FRONT OF THE NOMINATION MATERIAL:**

|  |  |
| --- | --- |
| **□** | Checklist (page 1) |
| **□** | Proposal form (Page 2) |
| **□** | 250-word narrative regarding teaching, research responsibilities and how the nominee has promoted diversity, equity, inclusion within their research or mentoring (Page 3) |
| **□** | Letter from proposer |
| **□** | Letter from seconder |
| **□** | Letter from another responsible faculty member documenting status, etc. |
| **□** | *Curriculum Vitae* |
| **□** | Additional reference letters (these should be forwarded by proposer) |
| **□** | **Copy (1 copy in PDF format)** |

PLEASE SUBMIT ALL MATERIALS TO:

[Talar.Dersahakian@cshs.org](mailto:Talar.Dersahakian@cshs.org)

# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**PROPOSAL FOR MEMBERSHIP**

(Return to Executive Administrator by ***December 1, 2020)***

**Name in Full: Date of Birth:**

**(used to determine eligibility for Emeritus status)**

**Home Address: Home Phone:**

**Work Address:**

**Email Address: Cell Phone:**

**Office Phone: Fax Number:**

**Assistant’s Name: Assistants Email:**

**Faculty Position:** **Institution:**

**Professional Website Link:**

**Proposed By:**

**Seconded By:**

(Letter of endorsement attached)

**Additional letters of support (attached) from the following members of the Association**

**(maximum 6):**

**Letter of documentation of nominee’s status by:**

[The proposer is to request from a responsible member of the nominee’s medical school faculty a letter of documentation of the nominee’s full-time status and major responsibilities for the teaching, research programs, and leadership in Clinical Cardiology at his/her institution.]

**Attach a copy of the nominee’s *Curriculum Vitae* and Bibliography to date.**

**On attached sheet, submit a brief summary or narrative of nominee’s professional responsibilities with respect to teaching and research in Cardiology.** **Please comment on how the nominee has promoted diversity, equity, inclusion within their research or mentoring.** This information will be provided to the general membership at the annual meeting so they can review prior to voting.

# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**NAME OF NOMINEE:**

**BRIEF NARRATIVE OF NOMINEE’S PROFESSIONAL RESPONSIBILITIES WITH RESPECT TO**

**TEACHING AND RESEARCH IN CARDIOLOGY. PLEASE COMMENT ON HOW THE NOMINEE HAS PROMOTED DIVERSITY, EQUITY, INCLUSION WITHIN THEIR RESEARCH OR MENTORING: (Please attach narrative.)**

**PLEASE SUBMIT ALL MATERIALS**

**in PDF Format**

**BY DECEMBER 1, 2020, TO:**

[**Talar.Dersahakian@cshs.org**](mailto:Talar.Dersahakian@cshs.org)

**Talar Dersahakian**

**Cedars-Sinai,**

**127 S San Vicente Blvd.**

**AHSP-A3100,**

**Los Angeles, CA 90048**

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FOR OFFICE USE ONLY

Action taken by Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_

Election by Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Notification of Election: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_