

AMERICAN ACADEMY OF CARDIOLOGY

MAILING ADDRESS FOR THE BOARD:
AMERICAN ACADEMY OF CARDIOLOGY
304 NEWBURY STREET, SUITE 309
BOSTON, MA 02115

September 12, 2007

Dear Doctor AnyDoc,

In association with the American Board of Cardiology, the American Academy of Cardiology has recently established a program to award appointment of Fellow of the American Academy of Cardiology, F.A.A.C., to Cardiologists and Internist-Cardiologists with impressive background and practice in the diagnosis and management of cardiac patients.

On the basis of your background in Medicine, we extend the invitation to you for *appointment at this time*. The February 6, 2007 and June 15, 2007 Western States meetings of the American Academy of Cardiology entrusted me with evaluation of Cardiologists and Internist-Cardiologists who possess an impressive background in diagnosis and management of cardiac patients and who definitely qualify, in my judgement, for appointment at this time as a Distinguished Fellow of the American Academy of Cardiology.

This appointment as a Distinguished Fellow of the American Academy of Cardiology will not necessarily be tied to present or previous cardiology or other certification. Most important are considerations of outstanding ethical and high moral character as well as excellence and profound involvement in Cardiology and cardiac patients within the field of Internal Medicine. After evaluation of outstanding specialists, I selected outstanding physicians for the invitation on the basis of education, background in practice, experience, and particularly strong ethical background.

We hereby offer the appointment to you as a Distinguished Fellow of the American Academy of Cardiology. This would allow the use of the letters F.A.A.C. after the medical degree.

It is our mission to emphasize and to promote Cardiology, medical ethics, humanitarianism, religious values, family values, and overall excellence in Cardiology. Your record in Medicine and specifically with cardiac patients is justification for this invitation and the appointment.

The enclosed application form must be returned to us at your earliest convenience.

The application will result in registration and appointment as Distinguished Fellow of the American Academy of Cardiology. We require about thirty days for registration and the issuance of the certificate. At that time you may indicate receiving the appointment as a Distinguished Fellow of the American Academy of Cardiology, and may use F.A.A.C. following the medical degree.

You would need to send the application form, signed, and the application and registration fee of \$300 as check made to the American Academy of Cardiology. The appointment as a Distinguished Fellow of the American Academy of Cardiology at this time is valid for five years. Re-appointment is then available. Any application that is not accepted will have the fee immediately refunded in full. Generally the physicians who receive this invitational letter have been evaluated and are generally assured of acceptance. Application fees for professional medical organizations and for professional advancement are generally considered to be tax deductible. Recommendation letters are made available for Fellows upon request.

Advancement to Master of the American Academy of Cardiology is made available after one year.

Very Truly,



Rev. Dr. A. Lasko, M.D., D.Divinity (Hon.), F.A.B.H.P., M.A.B.H.P., F.A.C.G.S., M.A.C.G.S., F.A.A.C.

Member of the Board of Directors of the American Academy of Cardiology

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E-Mail: board@cardiologyacademy.org Website: www.cardiologyacademy.org

The American Academy of Cardiology and the American Board of Cardiology are now affiliated with the Congregation of Fellowship Organizations for Medical, Humanitarian, Scientific, Educational, Ethical, Religious Ministries, Inc., NV. Founded as a not for profit corporation in the State of Nevada, components include associations, organizations, fellowships dedicated and devoted to Medicine, Humanitarianism, Science, Education, Ethics, Religion, Advancement of Humanity, and Betterment of Medical Practice in America. The American Academy of Cardiology and the American Board of Cardiology are Registered Public Benefit Medical Organizations Officially Registered as Not For Profit Corporations to Emphasize, Certify, and Promote Excellence, Humanitarianism, Ethics, Morality, Religious Values, and Family Values in all aspects of Medicine. We are a member medical board of the U.S.M.S.F. (United States Medical Specialists Federation) and a component of the Congregation of Fellowship Organizations for Medical, Humanitarian, Scientific, Educational, Ethical, Religious, Family Values Ministries, Incorporated. We have no relationship of any kind with any other medical board, organization, association, medical society, or any other umbrella organization of medical boards, organizations, associations, or societies. We are not related in any way to the American Board of Internal Medicine or American Board of Cardiovascular Disease or American College of Cardiology or International Academy of Cardiology or American Heart Association, or any other medical board or association or umbrella group, and have no relationship of any kind with any other medical board, organization, society, association, or umbrella organization of medical boards other than the Congregation of Fellowship Organizations for Medical, Humanitarian, Scientific, Educational, Ethical, Religious and Family Values Ministries, and the United States Medical Specialists Federation. The American Academy of Cardiology and the American Board of Cardiology, founded as not for profit corporations, State of Nevada, registrations on file with Dean Heller, Secretary of State, NV.

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APPLICATION FORM

ALL INFORMATION IS STRICTLY CONFIDENTIAL

NAME:

MEDICAL DEGREE: OTHER UNIVERSITY DEGREES :

MAILING ADDRESS (STREET AND NUMBER):

SUITE OR APARTMENT NUMBER (IF ANY): CITY OR TOWN: STATE: ZIP:

OFFICE TELEPHONE: CELL PHONE: E-MAIL:

PLEASE INDICATE THE BOARDS TO WHICH YOU HAVE BEEN ELIGIBLE:

PLEASE INDICATE BOARD CERTIFICATIONS:

PLEASE INDICATE NAMES OF HOSPITALS WHERE YOU HAVE SERVED NOW AND IN THE PAST (NAMES OF HOSPITALS, CITY, COUNTRY, DATES OF HOSPITAL PRACTICE):

PLEASE INDICATE STATES AND COUNTRIES WHERE YOU HAVE HELD A MEDICAL LICENSE , INCLUDING TEMPORARY MEDICAL LICENSES:

(NOTE: EACH APPLICATION IS EVALUATED ON TOTAL MERIT, AND THERE IS NO MINIMAL REQUIREMENT FOR ANY PARTICULAR TESTS OR PROCEDURES PERFORMED OR STUDIED)

TOTAL NUMBER OF PATIENTS SEEN DURING PAST THREE YEARS (APPROXIMATE NUMBER):

APPROXIMATE NUMBER OF CARDIAC PATIENTS SEEN IN PAST THREE YEARS:

APPROXIMATE NUMBER OF PATIENTS SEEN WITH CARDIAC ARRHYTHMIAS IN PAST THREE YEARS?

APPROXIMATE NUMBER OF CORONARY ARTERY DISEASE PATIENTS SEEN IN PAST THREE YEARS?

APPROXIMATE NUMBER OF HYPERTENSIVE ARTERIOSCLEROTIC PATIENTS SEEN IN PAST THREE YEARS?

APPROXIMATE NUMBER OF CARDIAC FAILURE PATIENTS SEEN IN PAST THREE YEARS:

APPROXIMATE NUMBER OF EKG'S SEEN, READ, OR TAKEN DURING PAST THREE YEARS:

APPROXIMATE NUMBER OF CARDIAC PATIENTS SEEN IN HOSPITAL DURING PAST THREE YEARS:

APPROXIMATE NUMBER OF CARDIAC PATIENTS SEEN IN INTENSIVE CARE IN PAST THREE YEARS:

WE ARE DEEPLY INTERESTED IN THE INTEGRITY AND HUMANITARIAN ASPECT OF MEDICINE. WE CAN ALREADY BE ASSURED OF THE CALIBER OF SCIENTIFIC KNOWLEDGE AND EXCELLENCE ON THE BASIS OF THE ANSWERS GIVEN ABOVE. MEMBERS ARE GENERALLY ALREADY PRE-SELECTED AND INVITED ON THE BASIS OF EXCELLENCE OF MEDICAL BACKGROUND. THEREFORE THE FOLLOWING QUESTIONS ARE OF THE GREATEST IMPORTANCE:

DO YOU PLEDGE AND PROMISE TO EMPHASIZE AND TO PROMOTE HUMANITY, KINDNESS, ETHICS, UNDERSTANDING, HUMANE RELIGIOUS VALUES, AND FAMILY VALUES, IN ALL ASPECTS OF MEDICINE?
YES__

WILL YOU PROMISE TO TRY AT ALL TIMES TO PROVIDE THE LATEST AND MOST THOROUGH AND EFFECTIVE TREATMENT OF ALL PATIENTS WITHOUT REGARD FOR THEIR ABILITY TO PAY, OR THEIR RACE, OR THEIR NATIONALITY, OR THEIR RELIGION, OR THEIR CREED AND BELIEFS, OR THEIR SEX, OR THEIR SEXUAL ORIENTATION, OR THEIR STATION IN LIFE, OR WHETHER THEY ARE RICH OR POOR, OR WHETHER THEY HAVE INSURANCE, AND NO MATTER WHAT THEIR NEED, WITHIN REASON, AND WHATEVER TYPE OF PATIENT OR TYPE OF ILLNESS, OR WHETHER A PATIENT IS A PRIVATE PATIENT OR HMO PATIENT OR A PUBLIC AID PATIENT, OR ANY HUMAN BEING IN NEED OF MEDICAL TREATMENT?
YES__

DO YOU PROMISE TO BE ALWAYS HELPFUL, KIND, NEVER JUDGEMENTAL OR INSENSITIVE TO THOSE WHO ARE YOUR PATIENTS OR ANY PERSON WITH WHOM YOU MAY ENCOUNTER PROFESSIONALLY?
YES__

DO YOU PROMISE AT ALL TIMES TO MAINTAIN THE HIGH STANDARD OF KINDNESS AND HUMANITY AS EXEMPLIFIED BY THE GOLDEN RULE, THE TEN COMMANDMENTS, AND OTHER SIMILAR LAWS GIVEN BY THE MAJOR WORLD RELIGIONS TO EXEMPLIFY THE HIGHEST IDEALS OF ETHICS AND HUMANITARIAN PHILOSOPHY?
YES__

PLEASE NOTE : ALL FUNDS RECEIVED BY THE AMERICAN ACADEMY OF CARDIOLOGY WILL BE IMMEDIATELY RETURNED IN THE EVENT AN APPLICANT IS FOUND NOT TO BE WORTHY OF THE APPOINTMENT AS A FELLOW OF THE AMERICAN ACADEMY OF CARDIOLOGY.

PLEASE NOTE THAT SINCE THE MEDICAL PROFESSION IS AN HONORABLE PROFESSION AND SINCE PHYSICIANS DEDICATE THEMSELVES TO SAVING LIFE AND HELPING HUMANITY, ALL ANSWERS GIVEN BY PHYSICIANS WILL BE CONSIDERED HONEST AND TRUE.

INDICATE ON THE SPACE BELOW EXACTLY HOW YOU WOULD WANT YOUR NAME AND DEGREE TO APPEAR ON YOUR CERTIFICATE AS A FELLOW OF THE AMERICAN ACADEMY OF CARDIOLOGY (F.A.A.C.):

APPLICATIONS MUST BE PRINTED CLEARLY AND WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THE APPLICATION AND MEMBERSHIP FEE.

PAYMENT OF THE \$300 APPLICATION, REGISTRATION, AND MEMBERSHIP FEE MAY BE MADE BY CHECK OR MONEY ORDER MADE PAYABLE TO: AMERICAN ACADEMY OF CARDIOLOGY

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