



AAPM MEMBERSHIP APPLICATION

Welcome to the premier organization for pain medicine physicians and members of their treatment teams. Visit painmed.org to view all your AAPM membership has to offer.

Join and register today! See section B on page 18 for special join-and-register rates.

Active Physician Members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada.

Documents required: Completed application form and dues payment. Medical license will be verified online. Please provide the appropriate information in your application.

International Members are physicians (MDs or DOs) who have a license to practice medicine in their country of origin outside of the United States and Canada.

Documents required: Completed application form, dues payment, and copy of medical license.

Affiliate Members are nonphysician professionals in the United States or Canada who are clinical healthcare professionals involved in direct care of patients with pain (clinical practice affiliates) or whose principal professional responsibilities support the field of pain management (nonclinical affiliates).

Clinical Practice Affiliate Members must be (or eligible to be) licensed, registered, or certified in good standing in a healthcare profession that provides direct patient care as part of a pain care team. The healthcare provider license must be in good standing and will be verified online.

Nonclinical Affiliate Members do not provide direct patient care but their principal professional responsibilities support the field of pain medicine. Applicants must provide a resume or curriculum vitae and a signed application from their employers if applicable.

Residents and Trainees must provide a letter from their current department head or program director, verifying enrollment and good standing. Visit painmed.org/membercenter for specific member requirements. Please indicate medical license information below if applicable.

Students must provide a letter from their institution, verifying enrollment and good standing in an accredited graduate-level program. Visit painmed.org/membercenter for specific member requirements.

Membership will be officially activated once approved by AAPM's Membership Department.

Please note that join-and-register offers for the 2018 Annual Meeting are not available for individuals who are affiliated with a pharmaceutical company; device manufacturer; medical, healthcare education, or communications company; screening lab; or other AAPM sponsor or exhibitor.

- Active Physician Membership (\$390)
- International Membership (\$290)
- Clinical Practice Affiliate (\$190)
- Nonclinical Affiliate (\$190)

Home Preferred Mailing Address

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

E-mail _____

- Affiliate Student membership (\$0) graduation date: _____
- Medical Student membership (\$0) graduation date: _____
- Resident (\$0) graduation date: _____
- Trainee in fellowship program (\$0) graduation date: _____

Office Preferred Mailing Address

Name _____

Facility Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

E-mail _____

Date of Birth _____ What is your specialty of origin? _____

Area of expertise: _____

Primary work setting: _____

Highest degree earned: _____

Primary position: _____

Board certification earned: _____

Primary responsibility: _____

Primary specialty: _____

Number of patients you personally see each week:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Fewer than 25 | <input type="checkbox"/> 75-99 | <input type="checkbox"/> 150-174 |
| <input type="checkbox"/> 25-49 | <input type="checkbox"/> 100-124 | <input type="checkbox"/> 175-200 |
| <input type="checkbox"/> 50-74 | <input type="checkbox"/> 125-149 | <input type="checkbox"/> More than 200 |

Required: Professional Licensure: Type _____ State _____ Date _____ License Number _____

Is your license restricted? yes no If yes, please explain _____

Are you a member of the American Medical Association? yes no

Are you a member of another professional medical association? yes no If yes, which one(s): _____

Physicians only: Are you a Diplomate of the American Board of Pain Medicine? yes no Years of Experience in Pain Medicine _____

Payment: See registration form on page 18 for payment options.

American Academy of Pain Medicine

PO Box 3781 | Oak Brook, IL 60522 | 847.375.4731 | fax 847.375.6477 | info@painmed.org | painmed.org

Do you have a question about membership? Contact AAPM Member Services at 847.375.4731 or at info@painmed.org