



# AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

2209 Dickens Rd., Richmond, VA 23230-2005 • Phone: 804-565-6333 • Fax: 804-282-0090

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## MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Male  Female Preferred Contact Address:  Mailing  Billing

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address to be published in directory or web site?  Mailing  Billing  Neither

Secondary E-mail: \_\_\_\_\_ AOA #: \_\_\_\_\_ AAP#: \_\_\_\_\_

Note: The ACOP does not provide member phone/email information to outside vendors. Please supply your email address to expedite important ACOP communications in a more timely and cost effective method.

### DOCTORAL AND POSTDOCTORAL TRAINING

All applications are reviewed by the ACOP Membership Committee and Board of Trustees. Please allow 3-4 weeks for the approval process and to receive confirmation in writing. Please note: Failure to provide a completed membership application (including information below) may result in denial of membership in the ACOP.

Undergraduate Education: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Graduate Education: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Osteopathic Medical School \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Internship Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Residency/Fellowship Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you board eligible?  Yes  No Are you board certified?  Yes  AOBP  ABP  No

Academic Affiliation(s): \_\_\_\_\_

Hospital Staff Positions Currently Held: \_\_\_\_\_

Primary Institutions and Locations: \_\_\_\_\_

Specialty:  Adolescent Medicine  Allergy/Immunology  Child Neurology  Emergency Medicine  Family Medicine  Gastroenterology  
 General Pediatrics  Hospitalist  Internal Medicine  Med/Pediatrics  Neonatology  OMM - Peds & Adults  Pediatric  Endocrinology

If accepted for membership, I agree to abide by the Code of Ethics and the Constitution and Bylaws of ACOP. By Submission of this document, I authorize release of the information contained herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership, and the release to ACOP by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEMBERSHIP CRITERIA

FELLOW	ASSOCIATE	GENERAL	CANDIDATE
Applicants shall provide documentation to support minimum criteria, as follows:  (1) Certification in pediatrics by the American Osteopathic Association through the American Osteopathic Board of Pediatrics or the American Board of Pediatrics. (2) License to practice. (3) High ethical standards.  Fellows may vote, hold office, serve on committees and shall pay dues. Annual Dues: \$400	Applicants shall provide documentation to support minimum criteria, as follows:  (1) Completion of approved AOA or ACGME pediatric training programs. (2) License to practice. (3) High ethical standards. (4) Advance to Fellow membership within five (5) years, or automatically be transferred to General member category.  Associate members may vote, hold office, serve on committees, and shall pay dues. Annual Dues: \$400	Applicants shall provide documentation to support minimum criteria, as follows:  (1) A physician interested in pediatrics. (2) License to practice. (3) High ethical standards.  General members may not vote or hold office, but may serve on committees and shall pay dues. Annual Dues: \$400	Applicants shall provide documentation to support minimum criteria, as follows:  (1) Interns or Residents participating in approved ACGME pediatric training programs. (2) High ethical standards. (3) May serve on committees.  Candidate members may vote, hold office, serve on committees, and shall pay dues. Annual Dues: Intern \$20 Annual Dues: Resident \$30 Annual Dues: Fellow-in-Training \$30

### STUDENT

Applicant shall provide documentation to support minimum criteria, as follows: any student currently enrolled full time in a COCA accredited college of osteopathic medicine and are joining their school's ACOP Pediatric Student Club. Student must have expressed an interest in pursuing training in pediatrics.

(1) May serve on any committee (2) May not vote (3) May pay dues (4) May hold ex-officio, non-voting membership on any committee.

One-Time Member Fee: \$30 (included in the \$60 required by the Pediatric Student Club)

All applicants will be reviewed by ACOP, and applicants will receive prompt notice when approved. The process takes approximately two months.

<input type="checkbox"/> Fellow*..... \$400	<input type="checkbox"/> Intern**..... \$20 End Date _____
<input type="checkbox"/> Associate .....\$400	<input type="checkbox"/> Resident**..... \$30 End Date _____
<input type="checkbox"/> General ..... \$400	<input type="checkbox"/> Fellow-in-Training**..... \$30 End Date _____

\*Please provide: Copy of state license and proof of board certification, if applicable.

\*\*For Interns, Residents and Fellows-in-Training: Note from program director indicating participation in a training program.

**Payment Options** (Please do not send cash for payment)

Check or Money Order Enclosed (US Funds) Made Payable to: ACOP, 2209 Dickens Rd., Richmond, VA 23230-2005.

**If paying by check, you MUST include a copy of this application with your payment.**

AmEx  Mastercard  Visa  Discover Card Number: \_\_\_\_\_

Printed Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ CVV Security Code\* \_\_\_\_\_

*\*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.*