

Membership Application

Please email this completed form to gschmidt@acoep.org, fax to (312)-587-9951 or return by mail to **ACOEP, 142 E. Ontario Street, Suite 1500, Chicago, IL 60611**. If you have any questions, please contact ACOEP's Member Services Department at (312) 445-5701 or (312) 445-5702. Please have new member fill out the information below.

| | | | | |
|-------------------------|-------------------|--------------------|-------------------------|------------------|
| Last Name | First Name | MI | Degree | (Preferred Name) |
| Primary mailing address | | | | |
| City and State/province | | Zip or postal code | | Country |
| Home phone number | Work phone number | Fax number | Cell phone number | |
| Primary email address | | | Secondary email address | |

| | | |
|--|--|------------|
| Date of Birth (mm/dd/yyyy)* | Sex (Male or Female)* | AOA number |
| Are you currently serving in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

*Please note: Information concerning age and sex is non-discriminatory and will be used for age demographics of membership and not other distributed.

Membership Levels and Dues Rates

Please check the correct level for membership below:

- Active 1st year (post residency) Member: \$150
- Active 2nd year (post residency) Member: \$300
- Active 3rd year (post residency) Member: \$450
- Active Member: \$595
- Associate Member: \$300
- Retired Member: \$300

**Please refer to the backside of this page to learn in more detail of each membership level.

**Each new membership requires a \$55 processing fee and will be added to membership cost.

Member Referral Information

If you were referred to the ACOEP by a current member, please write information below:

| | | |
|--------------|------|-------|
| Members Name | City | State |
|--------------|------|-------|

How else did you hear about us:

- Website ACOEP CME event
- Magazine Ad/Newsletter Other: _____

Membership Application and Dues Information

The following information **must** be included with this application for membership in the American College of Osteopathic Emergency Physicians (ACOEP):

1. One letter of professional reference from any of the following sources: (i) a current member of ACOEP; (ii) the program director of your emergency medicine residency or fellowship, or (iii) the Chief of Staff or Administrator of your current hospital affiliation.
2. A copy of your current curriculum vitae.
3. A check or money order made payable to the American College of Osteopathic Emergency Physicians, or a valid credit card number (see below).

Payment Information

Method of payment: Visa MasterCard Amex Discover Check Enclosed: # _____

| | | |
|-------------|-----------------|----------------|
| Card number | Expiration Date | Security Code* |
|-------------|-----------------|----------------|

| | |
|--------------|-----------|
| Name on card | Signature |
|--------------|-----------|

*3 or 4 digit on back of card in signature line, or for American Express, on front of card above credit card number.

Continue application on backside →

Medical Education and Residency Training Information

Osteopathic Education

| | | | |
|---------------------------------|------|-------|-----------------|
| College of Osteopathic Medicine | City | State | Graduation Date |
|---------------------------------|------|-------|-----------------|

Residency and Fellowship Training

| | | | | | |
|----------------------|------|-------|------------|----------|-----------|
| Training Institution | City | State | Start Date | End Date | Specialty |
|----------------------|------|-------|------------|----------|-----------|

| | | | | | |
|----------------------|------|-------|------------|----------|-----------|
| Training Institution | City | State | Start Date | End Date | Specialty |
|----------------------|------|-------|------------|----------|-----------|

Current Hospital

| | | | |
|------------------------------|------|-------|-----------|
| Current Hospital Affiliation | City | State | Job Title |
|------------------------------|------|-------|-----------|

State Licensure

Membership in Medical or Professional Organizations (Please list any other organizations/associations you are affiliated with) *Optional*

This certifies that the information contained in this application is the most accurate information available. Additionally, with my signature, I verify that I have met the criteria defined in the Constitution and Bylaws of the American College of Osteopathic Emergency Physicians in regard to obtaining sufficient CME credit required for Emergency Medicine specialists.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

| | |
|--|------|
| Residency Director Signature (Required for Resident members ONLY) | Date |
|--|------|

ACOEP Membership Levels

- **Active Membership:** Available to any person, duly licensed as a Doctor of Osteopathic Medicine who is primarily engaged in the practice or administration of emergency medicine for three or more years prior to application, or has successfully completed an emergency medicine residency approved by the AOA or ACGME. (**Membership levels that fall under this category are Active 1st year, Active Beyond**).
- **Associate Membership:** Available to any person who does not meet the criteria for Active Membership that has demonstrated a sincere interest in emergency and the College.

Thank you for taking the time to fill out this application. If application is accepted, we look forward to having you as a member of the ACOEP. Please visit our website for further information on Membership, CME events, Committee involvement, Governmental Affairs, the Career Center and more. Any further questions or concerns, please contact Sonya Stephens, Director of Member Services, at (312) 445-5704 or sstephens@acoep.org

American College of Osteopathic Emergency Physicians
142 E. Ontario Street, Suite 1500
Chicago, IL 60611
www.acoep.org