American Podiatric Medical Association

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9312 Old Georgetown Road, Bethesda, Maryland 20814-1698 USA
1-800-ASK-APMA Web site: www.apma.org

Application for Membership

I hereby apply for affiliate or international membership to the American Podiatric Medical Association (APMA). I understand that no one has an automatic right to be elected to membership in this voluntary organization.

Membership Type
Check one only.

❑ Affiliate:
A DPM practicing in any country other than the United States, who is a graduate of an educational institution that at the time of graduation was accredited by the Council on Podiatric Medical Education of the APMA, and who is a member of a recognized podiatric medical organization, where such exists in the country in which the individual practices, may qualify as an Affiliate Member. **COMPLETE SECTIONS 1, 2, 4, AND 5.**

❑ International:
An individual who devotes a substantial portion of practice to the medical and/or surgical care of the foot, who does not practice in the United States, and who does not hold the degree of DPM, may qualify as an International Member. **COMPLETE SECTIONS 1, 3, 4, AND 5.**

SECTION 1

Please type or print clearly

Attach additional sheet of paper if needed.

Birth date, gender, and ethnic group are requested for statistical purposes.

Prefix (Mr., Ms., Dr., etc.)_____ First_____ Middle_____

Last Name_____ Designation (DPM, D.Ch., DPodM, CPed, etc.)_____

Previous Last Name *(changed due to marriage, divorce, etc.)* _____

Birth Date _____ / _____ / _____ Nickname_____

Gender: ❑ M ❑ F Ethnic Group *(for demographic use only)*: ❑ American Indian/Alaska Native

❑ Asian* ❑ Black or African-American ❑ Native Hawaiian or Other Pacific Island

❑ Spanish/Hispanic/Latino/Latina** ❑ White ❑ Do not wish to report

*This category includes Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Malaysian, Pakistani, or Vietnamese
**This category includes Cuban, Mexican, Mexican American, Chicano/Chicana, Puerto Rican, South, or Central American

Complete all addresses below

Please note your preferred mailing address by placing a check mark in the box to the left of that address.

*Your home address is essential for identifying and contacting your federal and state legislators through APMA's e-Advocacy program.

**Please include your e-mail address as APMA communicates many important issues via e-mail.

❑ Home Address*: _____

_____ County _____

Telephone ( ) _____ Fax ( ) _____

Home e-mail**: _____ Cell ( ) _____

Pager ( ) _____

❑ Principal Office/Residency Address:

_____ County _____

Telephone ( ) _____ Fax ( ) _____

Office e-mail**: _____ Office Web Site: _____

❑ Second Office Address:

_____ County _____

Telephone ( ) _____ Fax ( ) _____

Office e-mail**: _____ Office Web Site: _____

❑ Third Office Address:

_____ County _____

Telephone ( ) _____ Fax ( ) _____

Office e-mail**: _____ Office Web Site: _____

If you have more than three office addresses, please list on a separate sheet.

SECTION 2

Affiliate Member Education

Podiatric Medical Degree

(See back panel for listings)

Check College Below Year of Graduation _____ ❑ Arizona ❑ Barry ❑ California

❑ Des Moines ❑ New York ❑ Ohio ❑ Temple ❑ Scholl ❑ Western ❑ Other

Postgraduate Education

If you have more than two fellowships or residencies, please list on a separate sheet.

❑ Yes *(If yes, complete)* ❑ No

❑ Preceptorship

❑ Fellowship

❑ Residency *(check one only)*:

❑ Rotating Podiatric Residency (RPR) ❑ Podiatric Orthopedic Residency (POR)

❑ Primary Podiatric Medical Residency (PPMR) ❑ Primary Surgical Residency (PSR)

❑ Podiatric Medicine and Surgery Residency (PM+S)

Begin Date_____ State_____ Institution_____ Completion Date_____
mo / yr mo / yr

❑ Preceptorship

❑ Fellowship

❑ Residency *(check one only)*:

❑ Rotating Podiatric Residency (RPR) ❑ Podiatric Orthopedic Residency (POR)

❑ Primary Podiatric Medical Residency (PPMR) ❑ Primary Surgical Residency (PSR)

❑ Podiatric Medicine and Surgery Residency (PM+S)

Begin Date_____ State_____ Institution_____ Completion Date_____
mo / yr mo / yr

❑ Other _____

SECTION 3

International Member Education

What professional degrees have you obtained? _____

_____

List the name and address of the institution where professional degrees were obtained:

(Attach additional sheet of paper if necessary.) _____

_____

_____

_____

Areas of specialization: _____

_____

_____

_____

SECTION 4

Professional Licensure

Podiatric/Other Medical Licenses

If you have more than three licenses, please list on a separate sheet.

Year _____ Where _____ Number _____

Year _____ Where _____ Number _____

Year _____ Where _____ Number _____

Have you ever had a license to practice podiatric medicine suspended or revoked in any licensure authority or regulatory/professional body? ❑ Yes* ❑ No **If yes, please explain on another sheet.*

Are you currently on probation or suspension by your licensure authority or any government agency or regulatory/professional body? ❑ Yes* ❑ No **If yes, please explain on another sheet.*

SECTION 5

Previous Member of APMA

❑ Yes *(If yes, complete)* ❑ No

Dates _____

AGREEMENT

By signing below I agree to the following:

- If elected to membership, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulation of the APMA.
- I agree not to represent myself as a member of APMA, if for any reason, I cease to be a member in good standing.
- I agree that incomplete or false information may be grounds for denial or suspension of membership.

Applicant Signature _____Date _____

Forward your completed application, copies of all professional degrees, diplomas, and/or certificates, AND dues payment to the American Podiatric Medical Association, 9312 Old Georgetown Road, Bethesda, Maryland, USA 20814-1698

If your professional degrees, diplomas, and/or certificates are written in a language other than English, a written English translation must be provided.

Applications received without copies of all professional degrees, diplomas, and/or certificates, written English translation (if needed), AND dues payment can not be processed.

The fiscal year of APMA runs from June 1st to May 31st. Dues for practitioners outside of the United States is $232.00 (US Dollars) per year. Based on actions of the APMA House of Delegates, this amount is subject to change. Pro-rating of dues is available for membership activated after the beginning of the fiscal year.

Listing of Podiatric Medical Colleges

Arizona:	Arizona Podiatric Program at Midwestern University – Glendale
Barry:	Barry University School of Graduate Medical Sciences
California:	California School of Podiatric Medicine at Samuel Merritt University
Des Moines:	Des Moines University College of Podiatric Medicine & Surgery
New York:	New York College of Podiatric Medicine
Ohio:	Ohio College of Podiatric Medicine
Temple:	Temple University School of Podiatric Medicine
Scholl:	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine & Science
Western:	Western University of Health Sciences College of Podiatric Medicine

For APMA Use Only

Dues Amount _____

Member No. _____

Member Type _____

Date Received _____

Elect Date _____