



# AAPM&R Membership Application

## Advanced Practice Provider (PA or NP)

First Name (PLEASE PRINT)

M. I.

Last Name

Degree(s)

### BUSINESS ADDRESS\*

Preferred Mailing

Preferred Billing

### HOME ADDRESS

Preferred Mailing

Preferred Billing

Title

Street/Apt

Institution

Department/Room/Suite

City, State, Zip

Street

Country

City, State, Zip

Telephone

Mobile Phone

Country

Fax

Telephone

Home Email Address

Primary Email

Fax

\*Your business address will be used for the Member Directory. The *PM&R* journal and *The Physiatrist* will be sent to your preferred mailing address, and dues renewal notices to your preferred billing address. All Academy email communications will be sent to your primary email address.

Business Email Address

Primary Email

Website URL

## PERSONAL AND PROFESSIONAL INFORMATION

Date of Birth (MM/DD/YY)

Gender: Male Female Non-Binary

Do you consider yourself to be a gender or sexual minority? Yes No

Do you consent to allow AAPM&R to store and process your ethnicity information? Yes No

The Academy is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one of the following may best describe them (check all that apply):

- Black or African American (Africa, West Indian, Caribbean)
- Asian (Far East, Southeast Asia, Indian)
- American Indian or Alaska Native (North America, South America, Central America)
- White (Europe, Middle East, North Africa)
- Hispanic (of any race)
- Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, Pacific Islands)

Do you consider yourself to have a disability as defined by the Americans with Disabilities Act? Yes No

Primary Language Spoken

APPs: Accredited Training Program

Graduation

MONTH/YEAR

Licensed in the state of

Year

Number

NPI Number (if applicable)

Years in PM&R

NCCPA Certificate Number

AANP or ANCC Certificate Number

MM/YY

MM/YY

## MEMBERSHIP ATTESTATION AND SPONSOR INFORMATION

I am applying to be an **ADVANCED PRACTICE PROVIDER IN THE ACADEMY**. I have acquired the education or licensure/certification, or formal appointment relevant and customary for a Physician Assistant or Nurse Practitioner.

I attest that I currently work on an integrated rehabilitation team with a physiatrist. **My membership is sponsored by the following Academy member:**

Name of Physiatrist Sponsor\*:

\*Sponsors must be a current Fellow, Part-Time Fellow, or Associate member of AAPM&R in good standing. The sponsoring member will be required to confirm that he/she works with the applicant on an integrated rehabilitation team.

## MEMBER COMMUNITIES

**MEMBER COMMUNITIES** are self-identified, organically established communities offering opportunities for members of all different backgrounds to connect with each other, share experiences, collaborate, and advance the future of the specialty together!

Adaptive Athletes and Sports  
African American Physiatrists  
Age-Friendly Care in Rehabilitation  
Alternative Pain Medicine  
Amputee/Limb Loss Restoration  
Rehabilitation  
Asian Physiatrists  
Brain Injury Medicine Current Fellows  
and Future Candidates  
Business of Healthcare Physiatrists  
Cancer Rehabilitation Medicine  
Central Nervous System (CNS)  
Chicago Physiatrists  
Early-Career Physiatrists  
Exercise as Medicine  
Hypermobility Syndrome  
Inpatient Consultants  
Inpatient Rehabilitation

Intellectual Disability  
International Rehabilitation and  
Global Health  
Interventional Pain  
Kosher Physiatry  
LatinX in Physiatry  
LGBTQIA+ in Physiatry  
Muslim Physiatrists  
Neuromodulation  
Neuromuscular Medicine and EDX  
Overhead Athlete  
Pain Medicine  
Pediatric Rehabilitation Medicine  
Pediatric Rehabilitation Medicine Current  
Fellows/Combination Residents and  
Future Candidates  
Pediatric Sports Medicine  
Performing Arts Medicine  
Physiatry in Skilled Nursing Facilities

Physiatry Life Care Planners  
Private Practice Physiatrists  
Puerto Rican Physiatrists  
Regenerative Medicine  
Research in Physiatry  
Running Medicine  
South Asian Physiatrists  
Spasticity Management  
Spina Bifida Providers  
Spinal Cord Injury Medicine  
Spine Medicine  
Sports Medicine  
Sports Medicine Current Fellows and  
Future Candidates  
Therapeutic Cannabis Physiatrists  
Women Physiatrists  
Wound Medicine

## HOW DID YOU HEAR ABOUT US?

Colleague      AAPM&R Website      AAPM&R Email Communications      Mentor  
Other (please specify)

## SIGNATURE OF APPLICANT

If I am accepted for membership in the American Academy of Physical Medicine and Rehabilitation I agree to support its bylaws and to practice in accordance with the established principles of the American Medical Association.

Signature of Applicant

Date

If you are a resident of the European Union and/or United Kingdom, please review our privacy policy at <http://www.aapmr.org/privacy-policy/privacy-policy-eu-uk>

## PAYMENT INFORMATION

### MEMBER TYPE & FEES

Physician Assistant      \$240 (USD)  
Nurse Practitioner      \$240 (USD)

### FORM OF PAYMENT

Check #      Made payable to AAPM&R

To pay by credit card, call AAPM&R  
Customer Service at (847) 737-6000.

### REMIT PAYMENT AND FORMS

**MAIL TO:** American Academy of Physical Medicine  
and Rehabilitation  
P.O. Box 95528  
Chicago, IL 60694-5528

*\*Please do not send payments to the national office.*

**FAX:** Fax your membership application to (847) 563-4191  
and then call AAPM&R's Customer Service team at  
(847) 737-6000 from 8:30 am-5 pm (CT) to pay over  
the phone with a credit card.

**QUESTIONS?** Email us at [memberservices@aapmr.org](mailto:memberservices@aapmr.org).

## THANK YOU!

Thank you for your interest in joining the American Academy of Physical Medicine and Rehabilitation (AAPM&R). For more information on member benefits and to learn more about the organization, please visit: [www.aapmr.org](http://www.aapmr.org).

**aapm&r**

American Academy of  
Physical Medicine and Rehabilitation

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