



ONLINE

Resident Member Application

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



***A**s a Resident Member of the American Academy of Pediatrics, you'll not only make a valuable investment in your future, but the future of all children. It's only through membership that you'll gain access to a wealth of information designed to enhance your skills and keep you up-to-date on the latest advances in pediatrics.*

Membership Application

●● Resident Member

Qualifications

Resident applicants must be enrolled in pediatric residency training programs that are approved for credit toward certification by the American Board of Pediatrics, the American Osteopathic Board of Pediatrics, the Royal College of Physicians and Surgeons of Canada, or La Corporation Professionnelle des Medecins du Quebec.

Application Process

A 12 month membership will begin when an application has been approved and your payment of \$88 has been processed. Most residency programs or AAP Chapters sponsor resident dues. Check with your program directors for details.

Please Note

The Academy may require additional information from an applicant or the applicant's cooperation in obtaining information from third parties. Your prompt response to requests for further information or cooperation will minimize any delays in processing your application.

The Academy requires that its members conform to standards of high ethical and professional standing as evaluated by other AAP voting Fellows. Thus, if the

Academy learns that any information in an application is untrue or if circumstances change after the date of application that affect ethical and professional standards, it may be grounds for suspension or revocation of membership.

The Academy may provide access to AAP's membership lists or other personal information about members to third party vendors and other third parties who may have information or services that AAP believes could be helpful to members.

In certain instances, AAP benefits by receiving compensation for providing the information or for the members, participation in the programs offered by the vendors. AAP members who wish to opt out of such information sharing can do so by contacting the AAP at 866/843-2271.

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Mission

The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members.

Core Values

We believe

- In the inherent worth of all children, they are our most enduring and vulnerable legacy.
- Children deserve optimal health and the highest quality health care.
- Pediatricians are the best qualified to provide child health care.
- The American Academy of Pediatrics is the organization to advance child health and well-being.

Vision

Children have optimal health and well-being and are valued by society. Academy members practice the highest quality health care and experience professional satisfaction and personal well-being.

Membership Benefits

Benefits and Privileges

- Automatic membership in the AAP Resident Section
- Section/Council membership in accordance with bylaws
- The right to serve on National Committees as a non-voting liaison
- Listing in and access to the Online Membership Directory
- Reduced registration fee for the National Conference and Exhibition, a multi-day conference featuring plenary seminars, workshops, and a technical exhibit area
- Discounts on all AAP products and services
- *AAP News*, the official news magazine of the American Academy of Pediatrics
- *Pediatrics*, the official journal of the American Academy of Pediatrics
- *PREP The Curriculum*®, includes both the annual PREP® Self-Assessment and the renowned monthly review journal *Pediatrics in Review*® and is based on the American Board of Pediatrics content specifications, the focus of the ABP Program for Maintenance of Certification in Pediatrics
- *AAP Grand Rounds*, timely synopses and critiques of important new studies relevant to pediatric practice, reviewing methodology, significance, and practical impact
- Financial Needs-Based Scholarship Program, Resident Research Grants, National Conference and Exhibition Travel Grants, International Elective Travel Grants, Anne E. Dyson Child Advocacy Award Program, and many more
- *The Red Book: Report of the Committee on Infectious Diseases*
- Affinity program including: car rental discounts (Avis and Hertz), Bank of America World Points credit card, Pediatric Insurance Consultants – Life, Disability, Dental, Office Overhead, and Geico auto insurance
- Various scholarships, grants and awards available just for residents
- *Bright Futures for PDA*: Guidelines for Health Supervision of Infants, Children, and Adolescents

Online Benefits

- *Member Center* through the AAP Web site
- *YoungPeds Network*, a Web site specifically designed to connect the newest generation of pediatricians with the resources they need at this stage of their career
- *AAP BookStore*, your source for the best in Pediatrics
- *PedJobs*, an Internet-Based, interactive, secure job search Web site
- *aappolicy.org*, an online resource of all current AAP Policy Statements, Practice Guidelines, Clinical Reports, Technical Reports, and reproducible parent pages
- *PediaLink*®, supports residents' professional growth and life long learning. The Resident membership offers free tools to help you fulfill the ACGME requirements, prepare for board exam, and increase your medical knowledge; via the JLP, PREP® Self Assessment, and free online CME courses
- *ResX.com*, Internet booking engine for members to book their own air reservations
- *Neopix*, this is an online collection of pictures and images of conditions and diseases in newborns

Benefits are subject to change.

For more information, contact:

AAP, Division of Member Services & Relations

141 Northwest Point Boulevard, Elk Grove Village, IL 60007
800/433-9016 • 847/434-4000 • membership@aap.org

Membership Application • Resident Member

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If you have previously been a member of the AAP, please call 800-433-9016.

FOR AAP USE ONLY

AAP ID# _____

DIST _____

INFORMATION (please print)

First Name _____ Middle/Maiden _____ Last _____
 MD DO Other (specify) _____ Male Female _____/_____/_____
Date of Birth (MM/DD/YY)

Home Address & Phone

Check if this is preferred mailing address

Number/Street/Suite _____

City/State _____

Zip/Postal Code/Country _____

Telephone _____ Preferred contact number

Cellular Telephone _____ Preferred contact number

Home Email _____ Preferred email address

Office Address & Phone

Check if this is preferred mailing address

Organization Name _____

Number/Street/Suite _____

City/State _____

Zip/Postal Code/Country _____

Telephone _____ Preferred contact number

Business Email _____ Preferred email address

Fax _____

MEDICAL EDUCATION

A _____
Institution

Location _____

From / / To (MM/DD/YY)

B _____
Institution

Location _____

From / / To (MM/DD/YY)

RESIDENCY TRAINING

Must be a program that is approved for credit toward certification by an AAP approved certifying body. If there is a break in chronology before, during, or after residency training, please describe on a separate page.

A _____
Type of Residency

Institution _____

Location _____

From / / To (MM/DD/YY)

B _____
Type of Residency

Institution _____

Location _____

From / / To (MM/DD/YY)

Are you enrolled in a COMBINED residency program? Yes* No *If yes, please check appropriate boxes below:

Internal Medicine/Pediatrics (Med/Peds) Pediatrics/Physical Medicine & Rehabilitation Pediatrics/Dermatology

Pediatrics/Medical Genetics Pediatrics Emergency Medicine

Pediatrics/Psychiatry/Child & Adolescent Psychiatry Special Alternative Pathway (please specify) _____

Other _____

MILITARY SERVICE

If you are or were in the Uniformed Services, please indicate which branch: Army Navy Air Force Public Health Service
What is/was your rank? _____ Are you in the reserves? Yes No — Are you retired? Yes No
Which local chapter(s) do you wish to join? Uniformed Services State Chapter **Please note there may be additional dues for chapter membership.**

MEDICAL LICENSE

State licensed? _____ License # _____
• Has your medical license or hospital privileges ever been revoked, suspended or restricted? Yes* No *If yes, please detail on a separate page
• Are you aware of any current inquiry, investigation, complaint, or other proceeding that could result in the revocation, suspension, or restriction of your medical license? Yes* No *If yes, please detail on a separate page

DEMOGRAPHIC INFORMATION

This information will remain confidential and will be used to serve members.

- African American/Black
 Asian or Pacific Islander
 Hispanic
 Native American or Alaskan Native
 White, Non-Hispanic
 Other: _____

APPLICANT SIGNATURE

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership in the Academy for which I now apply.

Signature of Applicant _____ Date _____

If the Academy learns that any information in your application is untrue, or if circumstances change after the date of application that affect ethical and professional standards, it may be grounds for suspension or revocation of membership. The American Academy of Pediatrics does not adopt any practice, policy, or procedure which would result in discrimination on the basis of race, religion, creed or health status for membership. Cancellation of membership must be submitted in writing and cannot be granted retroactively.

PAYMENT — To pay your 12 month dues payment, please complete below.

Resident Membership — \$88	\$ 88.00
Section/Council (Name) _____ (visit www.aap.org/member/secriteria.htm)	\$ _____
Chapter (Name) _____ (visit www.aap.org/member/chapters/chapfacts.htm)	\$ _____
Total (Canadian Residents are subject to applicable tax)	\$ _____

My check for \$ _____ is enclosed — Check # _____ (Make check payable to: American Academy of Pediatrics)

I will pay using the following credit card: Visa Mastercard Amer Express Discover

Amount \$ _____ Cardholder Name _____

Include the 3-digit CVV# located on the signature space of your card.

Card # _____ CVV# _____ Exp. Date _____ / _____

Signature _____ Date _____

RETURN APPLICATION TO:

AAP, Division of Member Services & Relations • 141 Northwest Point Blvd. • Elk Grove Village, IL 60007 **OR** Fax: 847/228-7035

PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING