

APPLICATION

ONLINE

## MEDICAL STUDENT MEMBERSHIP



*As an Affiliate Member of the AAP Resident Section, you'll join a voice of medical students and pediatric residents, working towards influencing decisions related to medical students and resident priorities, and belong to a network of people who can relate to the promise of medical school and residency.*

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# MEMBERSHIP APPLICATION

## MEDICAL STUDENT

### QUALIFICATIONS

**M**EDICAL STUDENT membership applicants must be enrolled in a medical school accredited by the American Association of Medical Colleges (AAMC) or the American Association of Colleges of Osteopathic Medicine (AACOM).

### APPLICATION PROCESS

A 12 month membership will begin when an application has been approved and your payment of \$16 has been processed.

### ABOUT THE SECTION ON RESIDENTS

The Section on Residents possesses a unique view on the current state of pediatric education, from all levels of training.

Priorities of the Section include:

- ❖ Influencing the content and quality of pediatric education
- ❖ Advocating for residents on issues related to residency training environments
- ❖ Supporting grass-roots initiatives through the Section's annual advocacy project
- ❖ Providing a professional home, to include leadership opportunities, within the AAP for residents
- ❖ Expanding access to care for all children
- ❖ Providing a home and voice for medical students within the AAP

### 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.



### 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

- ❖ Membership in the AAP Resident Section as an Affiliate Member
- ❖ Free admission to the AAP National Conference and Exhibition, a multi-day conference featuring plenary seminars, workshops, and a technical exhibit area
- ❖ Resource for obtaining lists of residency training programs (categorical), combined training programs, and fellowship training programs
- ❖ Connection to local AAP Chapter, increases involvement for local advocacy
- ❖ Medical Student **LISTSERV**®
- ❖ Resident/Medical Student Reception at the National Conference and Exhibition (NCE)
- ❖ Clinical Case Program – Poster Session at the NCE
- ❖ Discounts on all AAP products and services
- ❖ Resident Report, the Resident Section newsletter which covers topics including: practice management, case studies, point/counterpoint discussions, stress during residency, pediatric workforce facts, and other educational articles of vital interest to pediatric residents and medical students.
- ❖ **Pediatrics 101**, a resource guide from the AAP
- ❖ An e-newsletter for medical students

### ONLINE BENEFITS

- ❖ **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
- ❖ **ResX.com**, Internet booking engine for members to book their own air reservations

### 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](mailto:membership@aap.org)

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## FOR AAP USE ONLY

AAP ID# \_\_\_\_\_

DIST \_\_\_\_\_

## INFORMATION (please print)

\_\_\_\_\_  
First Name Middle/Maiden Last

Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YY)

## MAILING ADDRESS & PHONE

\_\_\_\_\_  
Number/Street/Suite

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip/Postal Code/Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cellular Telephone

\_\_\_\_\_  
Home Email

## MEDICAL SCHOOL INFORMATION

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Location

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Start Date (MM/DD/YY)      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Tentative End Date (MM/DD/YY)

Do you currently belong to a Pediatrics Interest Group  
at your medical school?  Yes  No

Group Contact

Name \_\_\_\_\_

Email \_\_\_\_\_

## ARE YOU INTERESTED IN A COMBINED RESIDENCY TRAINING PROGRAM OR SUBSPECIALTY?

Please check all that apply. This information has no bearing on your application.

- Internal Medicine/Pediatrics (Med-Peds)
- Pediatrics/Dermatology
- Pediatrics/Emergency Medicine
- Pediatrics/Medical Genetics
- Pediatrics/Physical Medicine & Rehabilitation
- Pediatrics/Psychiatry/Child & Adolescent Psychiatry
- Subspecialty: \_\_\_\_\_

## 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: \_\_\_\_\_

CONTINUED 

## 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.

Medical Student — \$16 \$ 16.00

**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 COMPLETED APPLICATION TO:**

AAP, Division of Member Services & Relations • 141 Northwest Point Boulevard • Elk Grove Village, IL 60007  
Phone: 800/433-9016 • Fax: 847/228-7035 • Email: [membership@aap.org](mailto:membership@aap.org) • [www.aap.org](http://www.aap.org)

**PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING**

### **DO YOU KNOW ANOTHER MEDICAL STUDENT THAT WOULD BE INTERESTED IN JOINING THE AAP?**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Email