



Membership Application

Please email this completed form to sstephens@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) 445-5704 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

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

Please check the correct level for membership below:

Membership levels and dues rates:

- Active 1st year (post residency) member: \$137.50
- Active 2nd year (post residency) member: \$275.00
- Active 3rd year (post residency) member: \$412.50
- Active Beyond (4th year post residency & beyond) \$545.00
- Associate Membership: \$275.00
- Resident Membership: \$30.00
- Student Membership: FREE

(Letter of Professional reference not required for Students or Residents. Residents require signature from Residency Director for Membership)

****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. (This EXCLUDES students and residents)**

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: _____

I would like to be included in the online member directory: Yes No

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).

Your payment information: Visa MasterCard
 Amex Discover

Check Enclosed: # _____

Card number _____ Expiration Date _____

Name on card _____

Signature _____ Security Code* _____

*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
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Residency and Fellowship Training

Training Institution	City	State	Start Date	End Date	Specialty
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Training Institution	City	State	Start Date	End Date	Specialty
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Current Hospital Affiliation	City	State	Job Title
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State Licensure

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

New Members Only: Why did you choose to join ACOEP? (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
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Residency Director Signature (Required for Resident members ONLY)	Date
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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 2nd year, Active 3rd year and 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.
- **Resident Membership:** Available to any person, licensed as a Doctor of Osteopathic Medicine or a Doctor of Medicine who is presently enrolled in an AOA approved emergency medicine residency program.
- **Student Membership:** Available at no cost to any person presently enrolled in an AOA approved College of Osteopathic Medicine that has demonstrated a sincere interest in emergency medicine.

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, Member Services Manager, at (312) 445-5704 or sstephens@acoep.org.

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