



**Association of Emergency Physicians (AEP)
Membership Application**

Date of Application: _____

Name: _____ Credentials: _____

Occupation / Work Information

Current place of employment: _____

Job title: _____ Department: _____

Street address: _____

City/State/Zip: _____

Work phone: _____ Fax: _____

Work email: _____

Years at this position: _____

Names and address, phone #, and/or email of 2 references who can verify my work as an emergency physician:

1. _____

2. _____

Home Information

Spouse's name: _____

Street address: _____

City/State/Zip: _____

Home phone: _____ Fax: _____

Home email: _____

I would prefer my mail go to my: Work address Home address

Please use this email address: _____

Professional Information

1. Medical School and month/year of graduation:

2. Internship / Residency and month/year of graduation:

3. Fellowship(s): _____

4. Board certification(s)*: _____

(*Board certification is not a requirement of membership in AEP. AEP represents all practicing emergency physicians regardless of residency training or board certification. We encourage excellence in quality of patient care and in one's personal and professional pursuits. This information is requested to help us understand and keep statistics regarding our membership.)

5. Special recognitions: _____

6. Membership in other professional organizations: _____

7. States in which you hold active medical licenses: _____

[Please enclose a copy of one current valid medical license from any State.]

8. With regards to your current employment situation, are you / your group:
 hospital employee(s)
 independent contractor
 part of an independent group, contracted with hospital
 employed by a larger contract group, with whom the hospital has an agreement
 other: _____

9. Do you practice Emergency Medicine: full-time part-time
How many hours per week?: _____ How many years in EM practice? _____

10. Academic appointments: _____

11. Involvement with EMS (eg, Medical Director for local ambulance service, other):

12. Other information that you would like to provide: _____

Primary reasons for joining AEP and ways in which I would like to be actively involved in AEP:

Attestation Statement: I testify that the information provided in this application is true and accurate to the best of my knowledge. I will provide the organization, AEP, and its Board of Directors with any supporting documents requested to support this information and these claims. I understand that providing false information may be considered grounds for dismissal from AEP.

Signature of applicant: _____

Printed name of applicant: _____

Date: _____

