

**Association of Postgraduate Physician Assistant Programs,
Inc.
Membership Application**

Membership Class:

Active Program Member (dues \$400) _____
Provisional Program Member (dues \$400) _____
Inactive Program Member (dues \$200) _____
Affiliate Member (dues \$50) _____
Individual Member (dues \$50) _____

Program Name:

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax: _____

Program E-mail
address: _____

Program Director:

Program Director Phone: _____ Fax: _____

Program Director E-mail address: _____

Other Program contact: _____

Program Specialty:

Length of Program (Months): _____

Number of PA's in Each Class: _____

New Provisional Program Members:

- (1) A two-paragraph general description and history of the program.
- (2) Curriculum outline - include goals and objectives for didactic and clinical components.
- (3) University and Institutional Affiliations
- (4) Admissions process and timetable. Include entry requirements, selection criteria, whether or not an interview is required and program starting date.
- (5) Credentials Awarded (i.e. certificate, degree, credit toward degree)
- (6) Financial Information including:

Fees/tuition or salary/stipend

Benefits (medical/dental/life insurance/vacation, etc.)

Financial aid, including veterans benefits, if applicable

Housing

Expenses (books, equipment, etc.)

New Active Program Members:

Application should be submitted along with a program brochure, if not already on file, and the following information:

- (1) Date of graduation of first class
- (2) Number of graduates of first class

Inactive Program Members:

Application should be submitted along with the following information:

- (1) Date of temporary suspension of program and anticipated duration of suspension
- (2) Reason for suspension of program

Submit to:

Lynn Heitzman

APPAP, Inc.

300 North Washington St, Suite 505

Alexandria, VA 22314

703-778-5570

703-548-5539 (fax)

appap@appap.org