

PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA
APPLICATION FOR ADJUNCT MEMBERSHIP

Adjunct Membership may be conferred on advanced healthcare providers (Nurse Practitioners or Physician Assistants) or researchers with Masters Level education who in the opinion of the Society are actively engaged in a profession that directly relates to pediatric orthopaedic surgery. This membership is limited to individuals who reside and work within the United States and Canada. In order to obtain and maintain membership, Adjunct members must work directly with a sponsoring Active member of POSNA. Applications for Adjunct Membership can be made no earlier than after two (2) years of working directly with a "Sponsor" who is an Active Member of the Pediatric Orthopaedic Society of North America (POSNA). Maintenance of Adjunct Membership is dependent on continued work with a POSNA Sponsor.

This application must be filled out in English and should include your CV; copies of Masters Level Diploma or Certificate to Practice (NP or PA) and two letters of recommendation; with one being the Sponsor (POSNA Active Member), and the other must be another POSNA member, Active or Senior Member who is familiar with your work.

DEADLINE DECEMBER 1.

About Yourself

Name: _____

Home Address: _____

City, State, Zip: _____

_____ Home Phone: _____

Date of Birth: _____ Birthplace: _____ Citizenship: _____

Spouse's Name (optional): _____

Specify address to which mail is to be directed: office home

Office Address: _____

City, State, Zip: _____

Office Phone: _____ Fax: _____ E-Mail: _____

NP, PA, or Masters Degree University, College or School: _____

Degree: _____ Date of Degree: _____

City/State/Country: _____

Date you were certified, recertified or appointed: _____

Certifying/Appointing Organization: _____

Certification Number: _____

Date you began your practice/research: _____

Date you began your practice/research in your present position: _____

What percentage of your total clinical practice or research involves Pediatric Orthopaedics? _____

Who is the POSNA Sponsor (Active Member) that you work with, and what is the nature of your work or:

Practice? _____

Undergraduate Training:

Institution

Location/Date

Post-Graduate Study:

Institution

Location/Date

Please list all Hospitals/Universities/Groups with which you have privileges or appointments:

Institution

Location/Date

Teaching Affiliations: _____

Please list your subspecialty interests (i.e., hand, sports, spine, hip, neuromuscular, tumor, foot, UE, etc.): Primary _____ Secondary _____

Have you ever had your license revoked or restricted in any way? YES NO

Have you ever lost your privileges to practice at a hospital? YES NO

IF YES, EXPLAIN ON A SEPARATE SHEET.

Additional Data (Attach a separate sheet if additional space is required)

Professional Society Memberships: (List any office or committee appointment you hold or have held)

Special Honors:

Contributions to Medical Literature:

Other Scientific Contributions:

Name and Address of Reference Letters

1. Sponsors Name (POSNA Active Member that you work with): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

2. Other Reference Name (POSNA Active or Senior Member): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Compliance with By-Laws and Agreement of Confidentiality Regarding Application

The undersigned agrees that he/she will comply with each and every provision of the By-Laws of the Pediatric Orthopaedic Society of North America and any duly adopted rules and regulations pursuant thereto. (<http://www.posna.org/about/bylaws.asp>)

It is specifically agreed by the undersigned that in consideration of the Pediatric Orthopaedic Society of North America's treatment of the entire contents of this application, as well as inquiries or investigations made pursuant thereto as privileged and confidential material, and not subject to publication or public dissemination whether voluntary, involuntary, or operation of law; that the undersigned specifically authorizes the Pediatric Orthopaedic Society of North America to make whatever inquiries or investigations it deems necessary to verify the credentials, professional standing, and moral and/or ethical character of the undersigned. The undersigned further agrees that he/she will not cause or attempt to cause any public disclosure of the contents of any application for membership in the Pediatric Orthopaedic Society of North America or any proceedings of the Membership Committee or the Board of Directors pursuant thereto whether said public disclosure be by operation or law or otherwise.

Name _____ Date _____

By checking this box you are indicating that you have read the above and agree to it.