

Membership

The Postgraduate American Academy of Osteopathy (PAAO), a membership section of the American Academy of Osteopathy® (AAO), was developed to serve osteopathic physicians in postgraduate training. The main priority within the PAAO is to promote the utilization and continued education of osteopathic principles and practice (OPP) in postgraduate training programs. The PAAO also works to provide a network for interns and residents interested in OPP, identify interns and residents at the annual AAO Convocation, provide a platform for interns' and residents' issues at the AAO and provide AAO representation for you with the American Osteopathic Association (AOA).

Top Ten Things AAO Does for Its Members

10. Promotes the philosophy of osteopathic medicine internationally.
9. Subscription to the AAO Journal and AAO Newsletter.
8. Referrals of patients through the Find a Physician website as well as consumer calls to the AAO office.
7. Provides discounts on osteopathic publications, including rare and cutting-edge resources.
6. Access to the American Osteopathic Board of Neuromusculoskeletal Medicine – the only existing certifying board in manual medicine in the medical world today.
5. Maintenance of an earned Fellowship program to recognize excellence in the practice of osteopathic manipulative medicine.
4. Promotion of research on the efficacy of osteopathic medicine.
3. Provides continuing medical education to keep DOs current on osteopathic techniques, practice management and trends in medicine today, as well as networking opportunities with your peers.
2. Your Voice in teaching, advocating, and researching the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practices and manipulative treatment in patient care.
1. Fosters the core principles that led you to choose to become a Doctor of Osteopathy.

We look forward to supporting your role in PAAO.



American Academy of Osteopathy®
3500 DePauw Blvd, Suite 1080
Indianapolis, IN 46268

PAAO

Postgraduate American Academy of Osteopathy

Membership Application

Join Today!

\$40.00 for 1 year

or

3 years for \$106.00

4 years for \$132.00

**To take advantage of the
“Members Only” online network
for Interns and Residents**

 **American
Academy of
Osteopathy®**

3500 DePauw Blvd, Suite 1080

Indianapolis, IN 46268

P: 317/879-1881 F: 317/879-0563

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Membership Application

3500 DePauw Blvd, Suite 1080 Indianapolis, Indiana 46268

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www.academyofosteopathy.org

AOA # _____ Date of birth _____ Citizenship _____ Place of birth (city/state) _____

Name _____ (Last) _____ (First) _____ (M.I.) _____ Gender: Male Female
 Office name _____ (Title) _____

Address _____

City/State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

By releasing your Fax number/E-mail address, you have given the AAO permission to send marketing information regarding courses via Fax/E-mail.

Home Address _____

City/State _____ Zip _____ Country _____

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Preferred mailing address: Office Home Preferred e-mail: Office Home Preferred phone: Office Home

Please indicate where the AAO may publish online your preferred mailing address and telephone number (check all that apply):

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Medical Education **Institute/Program** **City/State** **Degree** **Year Graduated**

Premed College _____

Medical College _____

Internship _____

Residency _____

Specialty _____ Licensure State/Number _____

Medical Societies

American Osteopathic Association Yes No Cranial Academy Yes No Former UAAO member Yes No

International (AAO-approved Registry) Yes No Former NUFA Yes No Other _____

Have you ever been denied or expelled from membership in a country/district/state society, or component society of the AOA or AAO? Yes No

Have you ever been convicted of a felony or violation of any state or federal narcotics act Yes No

Has your license ever been surrendered, suspended, or revoked? Yes No

(If you answered yes to any of the three questions above, please explain on an separate sheet.)

AAO Sponsor/Reference

Intern/Resident Dues: \$40.00 for 1 year \$106.00 for 3 years \$132.00 for 4 years

Payment by VISA, M/C, Discover, or personal check accepted. Please make check payable to "American Academy of Osteopathy."

Name as it appears on card _____

Card # _____ Type VISA M/C Discover

Expiration date _____ 3 digit CW2# _____

In signing this application form, I certify that the above information is correct and complete, and hereby agree to abide by the Constitution and Bylaws of the American Academy of Osteopathy®. I agree to accept the Board of Trustees of the AAO as the sole and only judge to my qualifications to be and remain a member. I hereby authorize the American Academy of Osteopathy® to charge the above credit card for the amount of selected membership. I understand that any money submitted will be refunded if my application is not approved.

Signature _____