

APPLICATION FOR AACPD MEMBERSHIP

Note: Each department will pay dues (\$825) only once to the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM). We will contact you for payment, if necessary.

If you are the Program Director, complete this membership application for AACPD.

Qualifications for Membership: AACPD membership shall ordinarily be limited to physician anesthesiologists who are the designated core program directors of anesthesiology residency programs in the United States that have been approved by the Accreditation Council for Graduate Medical Education (ACGME).

Name:			
Title:			
Institution:			
Address:			
City:	State:	ZIP Code:	
Telephone:	Fax:		
Email:			
ASA Membership Number*:		ACGME#	
*AACPD members also shall be active mem continuously meet the requirements of mem		erican Society of Anesthesiologists (ASA) and shall e ASA Bylaws.	
significant roles in anesthesiology e This membership requires nominati	education and is otherwise on for membership by the	is a physician anesthesiologist with e ineligible for membership within SAAAPM department Chair, who is an Active Memb the education role that applies to your	
 □ Vice Chair of Education □ Program Director of non-ACGME □ Associate Program Director of All □ Designated Institutional Official □ Assistant or Associate Dean relation 	CGME approved or non-A	owship CGME approved anesthesia residency	
Sponsorship of Associate Member I am an active member of the AAAC application.		hair evel membership in the AACPD for this	
Department Chair Signature:			