



ASSOCIATION OF
CHILDREN'S
PROSTHETIC-ORTHOTIC
CLINICS

MEMBERSHIP APPLICATION

6300 N. River Road, Suite 727
Rosemont, IL 60018-4226
(847)698-1637
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Email: acpoc@aaos.org
Website: www.acpoc.org

Association of Children's Prosthetic-Orthotic Clinics

6300 N. River Road, Suite 727, Rosemont, IL 60018-4226

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June 2010

To All Interested Applicants:

The Association of Children's Prosthetic-Orthotic Clinics is composed of member clinics throughout the United States and Canada that specialize in multi-disciplinary management of children with prosthetic and/or orthotic problems. Although the clinics were originally organized under the auspices of the National Academy of Sciences, an independent organization was formed in 1979. Currently there are 60 member clinics and approximately 490 individual members, and the only formality required in applying for membership is the completion of the enclosed application for review by our Membership Committee.

Requirements: Membership in ACPOC is on an individual basis and the person no longer needs to be part of a clinic. The only requirement is that the individual is involved on a regular basis in the multidisciplinary management and treatment of children with prosthetic/orthotic needs. Commercial exhibit reps are also welcome to join.

The primary requirement for Clinic membership is that an institution conducts a prosthetic and/or orthotic clinic for children on a regular basis. For a clinic to be listed as a member clinic in our Geographic Directory, the Clinic Chief and two clinic members of the team must join ACPOC.

Benefits: Membership entitles you to the quarterly *ACPOC News*, a reduced registration fee at the annual meetings as well as all of the mailings that are issued regarding annual meetings, research and education projects, workshops, etc.

Physician dues are \$175 per year.

Non-physician dues are \$100 per year.

Corresponding (persons living outside the US & Canada) dues are \$60 per year.

Application Fee: \$25.00 for new applications and reinstatements

Application Deadlines: October 1 and March 1

(The March 1 deadline is for attendance at the Annual Meeting as a Member.)

ACPOC 2011 Annual Meeting, March 30-April 2, at The Canyons, Park City, Utah.

Please check our website for more information. Preliminary Programs will be available by mid-February 2010.

ACPOC 2012 Annual Meeting, April 18-21, at The Banff Centre, Alberta, Canada

ACPOC 2013 Annual Meeting, Springfield, MA

WELCOME

Thank you for your interest in applying for membership to the Association of Children's Prosthetic-Orthotic Clinics. The Association is composed of professionals and member clinics throughout the United States and Canada that specialize in multidisciplinary management of children with prosthetic and/or orthotic problems.

OUR MISSION

Our goals are to promote a multidisciplinary team development and collaboration, support research in children's prosthetic-orthotic care, disseminate information to children's clinics and improve the lives of patients and their families through education.

OUR HISTORY

In 1954, the need for an organized approach to the management of juvenile amputees across the country was discussed at a meeting in Grand Rapids, Michigan. A group of experts became a subcommittee of the National Academy of Sciences/Prosthetics Research and Development Committee in 1959. The goal of the subcommittee was to raise the standards of prosthetic care for children by:

- Evaluating experimental components
- Disseminating information
- Establishing criteria for clinics

By 1970, the subcommittee was charged to enlarge its sphere of activity to include children's orthotics and mobility aids. Annual conferences were expanded to include clinic chiefs and their team members. This format of annual interdisciplinary conferences hosted by selected clinics continues to this day.

WHO SHOULD JOIN?

The primary requirement for membership is that members are involved on a regular basis in the multidisciplinary management and treatment of children with prosthetic/orthotic needs. Those who should join include:

- Physician specialist in Pediatric Orthopaedics
- Physician specialist in Physical Medicine and Rehabilitation
- Physical Therapist
- Occupational Therapist

- Nurses
- Social Workers
- Prosthetists
- Orthotists
- Social Workers
- Rehabilitation Engineers
- Psychologists
- Medical Consultants in related disciplines
- Exhibitor Representative

MEMBERSHIP BENEFITS

- Access to network of specialty professionals
- Shared research at annual meetings
- Shared information of current technology & resources
- Practitioner Workshops
- Instructional Courses
- Discounted annual meeting registration fee
- Quarterly newsletter
- Web Site
- Clinic Teams listed on web site

HOW TO BECOME A MEMBER

To be considered for membership, the deadlines for receipt of your application are **March 1st or October 1st each year**. Please mail your application to the office before one of these dates. **Enclose a check for the \$25.00 application fee** with this application. Upon approval of the application at the Board of Director's meeting, you will receive a letter and an invoice for your annual dues.

To attend the 2011 Annual Meeting as a member, application and application fee must be **received before March 1st** and 2011 dues paid before the meeting.

Membership Dues Rates

Application Fee: \$25.00

Physician: \$175.00

Non-physician: \$100.00

Corresponding Member: \$60.00

Corresponding Membership is for those living outside the United States or Canada specializing in multidisciplinary management of children with prosthetic and/or orthotic problems.

BY-LAWS

Section 2 - Membership

Membership is open to all professionals that participate in the management of children with prosthetic and/or orthotic problems. Membership is on an individual basis. ACPOC will continue to maintain a geographic clinic listing in their Membership Directory. To have a Clinic listed, the "Clinic" must include one clinic chief and at least two additional "active" members.

2.1-A Active Membership: Active Membership is open to all professionals who take part in the multidisciplinary management of children with prosthetic and/or orthotic problems. Active members may vote, hold office, and serve on committees. A register will be maintained by the Association listing those multidisciplinary clinics in which members are involved.

2.1-B Annual Dues: Annual membership dues shall be determined by the Board of Directors from time to time and dues for physicians may be different from those set for non-physicians.

2.1-C Corresponding Membership: Corresponding membership may be conferred on individuals from countries other than the United States or Canada who specialize in multidisciplinary management of children with prosthetic and/or orthotic problems and are exempt from regulations concerning meeting attendance. Corresponding members will have the right to vote and serve on committees, however, cannot hold office as a director or officer, but will be responsible for the payment of such dues as may be assessed on the corresponding membership by vote of the majority of the Board of Directors, and are required to pay registration fees to attend the annual meetings.

2.1-D Emeritus Membership: Emeritus membership may be conferred on individuals who were previously members but who are now retired. This membership will be conferred by the President with approval of the Board of Directors for meritorious service to the organization. Emeritus members cannot vote or hold office as a Director or Officer. There are no annual dues, duties or attendance requirements. The individual will be required to pay registration fees to attend meetings.

2.1-E Honorary Membership: Honorary membership may be conferred on individuals, who do not have any other membership but who have distinguished themselves in the field of management of children with prosthetic and/or orthotic problems and who have performed some meritorious service to this organization. Membership will be conferred by the President with approval of the Board of Directors. Honorary members cannot vote or hold office. There are no dues, duties or attendance requirements. The individual may attend meetings without payment or registration fees.

2.2 Powers and Rights: In addition to the right to elect Directors as provided in Section 5.1 and such other powers and rights as are vested in them by law, the Certificate of Incorporation or these Bylaws, the members shall have such other powers and rights as the Directors may designate.

2.3 Responsibilities of Members: All members, unless excluded in these By-laws, shall be responsible for the payment of such dues as may be assessed on the Membership.

2.4 Professional Responsibilities: All members are encouraged to participate in an academic aspect of the annual meeting program and/or submit a manuscript for publication in the official publication of the organization.

2.5 Suspension or Removal: A member may be suspended or removed with or without cause by vote of two-thirds (2/3) of the Directors then in office. A member may be removed only after reasonable notice and opportunity to be heard.

2.6 Resignation: A member may resign by delivering a written resignation to the President or Secretary-Treasurer of the Corporation, to a meeting of the members or Directors or to the Corporation at its principal office. Such resignation shall be effective upon receipt (unless specified to be effective at some other time), and acceptance thereof shall not be necessary to make it effective unless it so states.

ASSOCIATION OF CHILDREN'S PROSTHETIC-ORTHOTIC CLINICS

MEMBERSHIP APPLICATION

DEADLINES: March 1 or October 1

MEMBERSHIP CATEGORY:

- _____ **PHYSICIAN**
- _____ **NON-PHYSICIAN**
- _____ **CORRESPONDING MEMBER**
- _____ **NON-PHYSICIAN EXHIBIT REPRESENTATIVE**

Submit Application Fee: \$25.00
Submit check with Application Form.
You will be billed for dues after your application has been accepted.

DATE: _____

NAME: _____
(Last) (First) (Middle)

Professional designation:

- | | | | |
|------------|------------|--------------|--------------|
| M.D. _____ | O.T. _____ | C.P.O. _____ | Ph.D. _____ |
| C.P. _____ | P.T. _____ | C.O. _____ | D.O. _____ |
| R.N. _____ | S.W. _____ | M.S. _____ | Other: _____ |

Percentage of children treated in your practice: _____

What are your expectations in becoming a member of ACPOC? _____

Office Address: (Affiliated with an ACPOC Clinic):

Clinic: _____
Street Address: _____
City, State, Zip: _____
Clinic Phone: _____ Clinic Fax: _____
Email: _____ Clinic Chief: _____

Office Address: (applicants not affiliated with an ACPOC Clinic):

(private practice, exhibitor, technician, etc)

Institute: _____
Street Address: _____
City, State, Zip: _____
Office Phone: _____ Office Fax: _____
E-mail: _____

Best Mailing Address: _____

(If different from above)

City, State, Zip: _____ Country: _____
Office Phone: _____ Office Fax: _____
E-mail: _____

CLINIC LISTING: (Optional)

(Please Circle One) NEW CLINIC EXISTING CLINIC AFFILIATED WITH A CLINIC

Clinic Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ FAX: _____

Clinic Administrative Email: _____

Clinic Administrative Contact: _____

Clinic Chief: _____ Health Profession: _____

Team Member: _____ Health Profession: _____

Team Member: _____ Health Profession: _____

Team Member: _____ Health Profession: _____

Team Member: _____ Health Profession: _____

Minimum Requirements to be listed as a clinic:

One designated Clinic Chief and two Team Members, all must be ACPOC members in good standing.

Clinics must include management of children with orthopaedic, orthotic and/or prosthetic problems.

Referred by: _____ Signature _____ Date: _____
(Optional)

Please return completed form by fax or mail to:

ACPOC Membership Chair
6300 N. River Rd, Ste 727, Rosemont, IL 60018-4226
Phone: (847)698-1637 FAX: (847)823-0536

FCC REGULATIONS

I am authorized to and hereby consent to receiving information from the ACPOC via fax about ACPOC products, programs, and services. I understand that this information will be sent by or on behalf of the Association of Children's Prosthetic-Orthotic Clinics.

Signature: _____ Fax Number: _____

Credit Card Payment: (Visa or Mastercard only) Application Fee and/or Dues Amount: _____

Card Number: _____ Exp. Date: _____ Signature: _____

NAME : _____

ACPOC MEMBER PROFILE QUESTIONNAIRE

An important membership benefit is the web site and access to the members only page. Initial access requires confirmation of active membership, followed by setting up your access password. An important goal of the members only page is to facilitate communication between members, therefore each member is asked to fill out this profile. This information will allow sorting of members for networking opportunities. **After you have been a member for over a year, please go back into this profile and update your answers.**

1. Please indicate any other professional organizations that you are an active member?
(choose all that apply)
 AACPDM AAOP ASHA AAOS AAP AAPMR ACA AOPA
 AOTA APTA CAOT CAPO CBCPO CPA CSRS DDNA
 EPOS ISPO MSTs Nursing Assn. POSNA SRS
 Other _____
2. Years of practice with pediatric population? 0-2 3-5 6-10 10 or greater.
3. Percentage of pediatric (0-18) population in total practice?
 10% 25% 50% 50-75% 75-100% 100%
4. What diagnoses do you treat? (check all that apply)

<input type="checkbox"/> arthrogryposis	<input type="checkbox"/> plagiocephaly
<input type="checkbox"/> cerebral palsy	<input type="checkbox"/> spinal cord injury
<input type="checkbox"/> clubfoot	<input type="checkbox"/> scoliosis
<input type="checkbox"/> congenital limb deficiency	<input type="checkbox"/> spina bifida
<input type="checkbox"/> LE amputation	<input type="checkbox"/> UE amputation
<input type="checkbox"/> LE limb length discrepancy	<input type="checkbox"/> UE limb length discrepancy
<input type="checkbox"/> muscular dystrophy	<input type="checkbox"/> Other _____
<input type="checkbox"/> ortho. oncology	
5. Do you have an area of expertise, experience, or certification?

<input type="checkbox"/> assistive technology	<input type="checkbox"/> ortho. oncology
<input type="checkbox"/> cerebral Palsy	<input type="checkbox"/> product design
<input type="checkbox"/> clubfoot	<input type="checkbox"/> spinal deformities
<input type="checkbox"/> congenital limb deficiency	<input type="checkbox"/> sports/recreation/camps
<input type="checkbox"/> gait analysis	<input type="checkbox"/> UE orthotics (including low temperature splinting)
<input type="checkbox"/> LE orthotics	<input type="checkbox"/> UE prosthetics
<input type="checkbox"/> LE prosthetics	<input type="checkbox"/> Other _____
<input type="checkbox"/> myoelectrics	
6. Do we have your permission to publish your profile in the Members Only area of the ACPOC web site, so that other ACPOC members can see your information?
 YES NO
7. Are you interested in being listed as an expert contact for the public in your specialty area? YES NO
8. How many ACPOC annual conferences have you attended in the last five years?
 0 1 2 3 4 5
9. Do you consider yourself to be active in the ACPOC organization? YES NO
10. Would you like to be contacted to know how you can become more active in ACPOC?
 YES NO