ASSOCIATION OF CHILDREN’S PROSTHETIC-ORTHOTIC CLINICS

MEMBERSHIP APPLICATION

6300 N. River Road, Suite 727
Rosemont, IL 60018-4226
(847)698-1637
FAX: (847)823-0536
Email: acpoc@aaos.org
Website: www.acpoc.org
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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

MEMBERSHIP CATEGORY:

[ ] PHYSICIAN

[ ] NON-PHYSICIAN

[ ] CORRESPONDING MEMBER

[ ] NON-PHYSICIAN EXHIBIT REPRESENTATIVE

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: __________________________
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)
   - arthrogryposis
   - cerebral palsy
   - clubfoot
   - congenital limb deficiency
   - LE amputation
   - LE limb length discrepancy
   - muscular dystrophy
   - ortho. oncology
   - plagiocephaly
   - spinal cord injury
   - scoliosis
   - spina bifida
   - UE amputation
   - UE limb length discrepancy
   - Other _________________

5. Do you have an area of expertise, experience, or certification?
   - assistive technology
   - cerebral Palsy
   - clubfoot
   - congenital limb deficiency
   - gait analysis
   - LE orthotics
   - LE prosthetics
   - myoelectrics
   - ortho. oncology
   - product design
   - spinal deformities
   - sports/recreation/camps
   - UE orthotics (including low temperature splinting)
   - UE prosthetics
   - Other _______________________

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