



American Society of Orthopaedic Physician's Assistants (ASOPA)
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Phone: (800) 280-2390
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www.asopa.org
asopa@hp-assoc.com

Established and incorporated in 1976, the American Society of Orthopaedic Physician's Assistants (ASOPA) is an organization for physician extenders who specialize in orthopaedic Board-certified surgery. ASOPA members are usually employed by a Board-certified orthopaedic surgeon or by an orthopaedic facility.

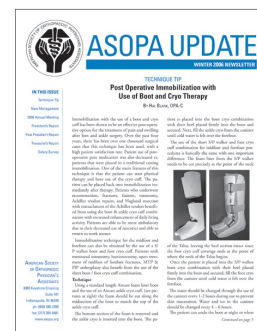
The organization's primary purpose is to enhance the quality of patient care by providing professional development to orthopaedic physician's assistants through continuing education, certification, networking, publications and meeting with peers and other allied health professionals.

ASOPA represents OPAs on a larger scale within the American Academy of Orthopaedic Surgeons (AAOS) and The Bone and Joint Decade.

ASOPA MEMBERSHIP BENEFITS

Members receive a number of valuable benefits, including:

- Receipt of the ASOPA newsletter, The Update, which provides members valuable information on the state of the association and profession as well as features useful technique tips and articles. Members receive a print or electronic subscription (quarterly).
- Continued advocacy efforts on the national level to promote OPA-Cs and gain formal recognition by the Health Care Financing Administration (HCFA) and other important governmental entities.
- Access to valuable electronic updates on the latest-breaking information that impacts your role and responsibilities as an Orthopaedic Physician's Assistant (OPA).
- Access to special member-only portions of ASOPA website, including available employment opportunities, a job listing service, membership directory, and a resource library.
- A \$100 discount off registration fees to attend ASOPA's Annual Meetings.
- Discounts to take the examination leading to OPA-C certification (\$75) and logging CMEs with the National Board for Certification of Orthopaedic Physician's Assistants (NBCOPA) for recertification (a savings of \$240 per recertification cycle).



CATEGORIES & REQUIREMENTS

ASOPA has two classifications for membership – Fellow and Affiliate

FELLOW MEMBERS (\$200 per year)

To qualify for Fellow membership, candidates must have passed the certifying exam given by the NBCOPA. Fellow members are given voting privileges and have the ability to hold office on the Executive Board.

AFFILIATE MEMBERS (\$200 per year)

Non-certified applicants are encouraged to join as Affiliate members. Affiliate members receive the same benefits as Fellow members with the exception of voting privileges at ASOPA meetings and the ability to hold office on the Executive Board.

While ASOPA membership is geared directly toward OPAs, the society invites professionals from other allied health professions to get involved for educational and networking benefits. The newsletter subscription, membership directory, legislative voice and discounted meeting registration fees are beneficial to all members.

WEBSITE

ASOPA maintains an informative website – www.asopa.org – which includes available employment positions, certification information, and educational articles, the ASOPA resource library, and a directory of all members.

ANNUAL MEETING

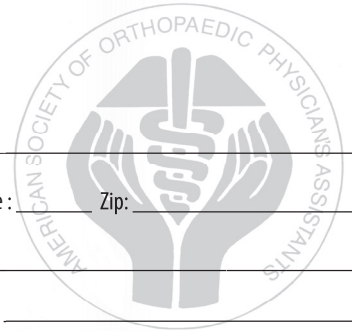
ASOPA is currently planning its 31st Annual Meeting for July 22-25, 2007 at the Westin Hotel in Indianapolis, Indiana. The format of the Annual Meeting includes general plenary sessions, hands-on instructional workshops, and networking receptions. Members may also earn valuable continuing medical education (CME) units toward recertification!



To apply for membership, please complete the attached application.

Please contact ASOPA at (800) 280-2390 or via email at asopa@hp-assoc.com if you have any questions.

ASOPA MEMBERSHIP APPLICATION



Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail Address _____ Home Phone: _____
Social Security Number _____ Birth Date: _____

EMPLOYMENT INFORMATION

Would you prefer to receive your Update Newsletter by: Mail E-mail

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Employed from: _____ to _____ Position: _____

TYPE OF MEMBERSHIP - Please check one box below

Fellow Membership is reserved for those that have passed the certification exam given by the National Board of Certification of Orthopaedic Physician's Assistants.

Fellow Membership \$200.00 Affiliate Membership \$200.00

Have you passed the National Board for Certification of Orthopaedic Physician's Assistants Exam? Yes No

If yes, the date and number that appears on certificate # _____ Effective Date: _____ Expires: _____

**Administration fee applies only to initial or reinstated memberships.*

Are you a graduate of an O.P. A. Program? Yes No
Are you a graduate of a Primary Care P.A. Program? Yes No
If yes, are you certified? Yes No
Have you been trained on the job? Yes No If yes, by whom, Dr. _____

Address: _____ City: _____ State: _____ Zip: _____

Did you receive training from the Armed Forces? Yes No If yes: Where: _____ When: _____

Branch of Armed Forces: _____ Serial #: _____

EDUCATIONAL INFORMATION - Fill in information for highest level completed

Type of School: _____ Name: _____

Major: _____ Last Year: _____ Degree: _____

High School 1 2 3 4 College 1 2 3 4 Post Graduate 1 2 3 4 Other 1 2 3 4 *(please circle highest level completed)*

PAYMENT

* Check # _____ Visa/Mastercard Card #: _____ Exp. Date: _____

Cardholder Name (please print): _____ Signature: _____

**Payable to the American Society of Orthopaedic Physician's Assistants or ASOPA*

PLEASE HAVE YOUR EMPLOYING PHYSICIAN SIGN THE STATEMENT BELOW

I hereby certify that the above applicant is competent in his/her area of orthopaedic physicians assistance. I do know that this applicant and have found him/her to be of good moral character.

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

I, the applicant, do hereby assure that the entries and statements made above on this application form are true and correct to the best of my knowledge. I understand that the society is hereby authorized to make any investigation of my personal history pertaining to my role as an O.P.A. through any investigation agency or bureaus of its choice. I also understand that false statements on this application are grounds for expulsion from the society.

Printed Name: _____ Signature of Applicant: _____

Date: _____

SEND COMPLETED APPLICATION AND CHECK TO: _____

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QUESTIONS? Please contact ASOPA Staff at (800) 280-2390 or via email at asopa@hp-assoc.com.