



# Association of Professors of Dermatology 2009 Membership Application Form

Name \_\_\_\_\_  
First Last Degree(s)

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Position Title: \_\_\_\_\_

Years at present position: \_\_\_\_\_

Past Academic Appointments/Positions: 1) \_\_\_\_\_

2) \_\_\_\_\_

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Medical School: \_\_\_\_\_ Years Completed \_\_\_\_\_

Internship: \_\_\_\_\_ Years Completed \_\_\_\_\_

Residency: \_\_\_\_\_ Years Completed \_\_\_\_\_

Post-graduate training: \_\_\_\_\_ Years Completed \_\_\_\_\_

Board Certification: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_ If No, Board Eligible \_\_\_\_\_

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**OPTIONAL:** At this time the APD has organized a Procedural Dermatology (PD) Section for members interested in promoting education in dermatologic surgery.

All dermatologic surgeons participating full time in dermatology resident training programs are encouraged to become members. All members must: 1) be dermatologic surgeons who hold a faculty appointment in a dermatology department or section in an accredited medical school and/or in an accredited free standing three year residency training programs outside medical schools located in the United States, Canada and Puerto Rico. The steering committee will determine who is a dermatologic surgeon and which level of academic affiliation qualifies for membership and the American Board of Dermatology will determine which programs are accredited, and 2) actively contribute to the dermatologic surgical education of medical students, residents, fellows, and/or practicing physicians.

I am interested in participating in the Procedural Dermatology (PD) Section

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APD membership runs on the calendar year, January 1 – December 31. Active members shall include individuals from Dermatology Departments or Sections in accredited medical schools or freestanding, independent, accredited three year residency trig programs within the United States, Puerto Rico and Canada. The Board of Directors shall determine which programs are freestanding. One of the individuals shall be the Head (Chair) of the program. The other individuals shall be chosen by the Chair and this person may be the vice chair, training program director, procedural dermatology training director, or an active academic dermatologist within your department. Only one individual will hold voting privileges; this individual will be the Chair unless delegated, in writing, to the second member. Chairs which are "acting" or "interim" shall be considered as full members, except that they may not hold office.

A departmental dues structure, as shown below, has been created to encourage participation. ***You will be invoiced for membership dues accordingly.*** Your membership will be fully processed once payment has been received.

<b>APD Departmental Membership Dues Structure</b>					
	Primary Member	Secondary Member	Secondary Member (2)	Secondary Member (3)	Secondary Member (4)+
Membership Dues	\$300	\$250	\$250	\$150	\$100

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This applicant holds a faculty appointment in our department.

\_\_\_\_\_  
Signature of Chair/Chief

\_\_\_\_\_  
Date

Please return completed form by one of the following ways:

**Mail to: Association of Professors of Dermatology  
526 Superior Avenue East, Suite 540  
Cleveland, Ohio 44114**  
**Fax to: 216-579-9333**  
**Email to: apd@sidnet.org**

Please direct any questions to the APD Office at apd@sidnet.org or phone 216-579-9300