

What is SPAP?

- The Society for Physician Assistants in Pediatrics (SPAP) is a non-profit specialty organization of the AAPA
- The only PA organization to promote and support individuals practicing pediatrics
- Physician Assistants and students are welcome to join, as well affiliate and associate individuals who share a common interest in pediatrics
- An opportunity to network with others interested in the well-being of children



The **MISSION** of the Society for Physician Assistants in Pediatrics is to improve health care of children by supporting Physician-PA teams who provide cost effective, quality care to pediatric patients and by promoting a network for communication and education between providers dedicated to the well-being of children.



Join SPAP today!



950 North Washington Street
Alexandria, VA 22314-1552
Phone: (800) 596-43980
Fax: (703) 684-1924

www.spaonline.org



SOCIETY for PHYSICIAN ASSISTANTS in PEDIATRICS



TOP 10 REASONS TO JOIN SPAP

1. The ONLY constituent organization dedicated to promoting PAs in pediatrics
2. NEW & Improved Website
3. Leadership opportunities in a growing organization
4. Annual scholarship awards for student members
5. NEW Annual CME Conference!
6. Low-cost membership
7. Access to pediatric employment opportunities
8. Access to new "Preceptor Database"
9. Contact with AAPA liaison to the AAP



10. Support, guidance, and education for supervising MDs, clinics and hospitals



PEDIATRIC STATISTICS

Clinical Area

- 4% of Physician Assistants in General Pediatrics
- 58% in General Pediatrics
- 42% in Sub-specialties

Location

- 51% in the Eastern US
- 20% in South Central US
- 14% in North Central US
- 15% in the Western US

Demographics

- Average age 40
- 80% Female
- 20% Male
- Average of 7.1



How can I become a Member?

- The membership year begins June 1st each year, but you can join anytime
- Apply online at WWW.SPAPONLINE.ORG OR Fill out the application in this brochure and mail
- Membership Categories Include:
 - **FELLOW:** A PA who is a graduate of an education program and/or certified by an agency approved by the Board of Directors. Fellows shall be eligible to hold office and shall have full voting rights. **Dues \$45/year**
 - **STUDENT:** A student enrolled in an approved physician assistant program/residency with an interest in pediatrics as a career. Student members shall not be entitled to vote. They may serve on committees and serve as student representative. **Dues \$20/career (one-time)**
 - **ASSOCIATE:** A non-PA health care practitioner who desires to associate with the Society. Associates shall be entitled to privileges on the floor, but shall not be entitled to vote or hold office. **Dues \$60/year**
 - **AFFILIATE:** A non-health care practitioner who desires to associate with the Society. Affiliate shall be entitled to privileges of the floor, but shall not be entitled to vote or hold office. **Dues \$60/year**



Membership Application

Name: _____
 SPAP Member # (if known): _____
 AAPA Member #: _____

- New Member
 Returning Active Member
 Returning Former Member

Contact Address: _____
 City, State, Zip Code: _____
 Contact Phone #: _____
 E-mail: _____

Note: We maintain contact with our members primarily through email and the SPAP website. Members will receive a confirmation email with an electronic receipt for dues received, and membership number.
 E-mail addresses will NOT be sold for commercial gain but may be exchanged for sponsorship purposes.

Specialty: _____
 Employer: _____
 Work Address: _____
 City, State, Zip Code: _____
 I am willing to precept PA students, please include me in your database.

Membership Category: see descriptions to left

- FELLOW: \$45.00/year
 STUDENT: \$20.00/career (Month & Year of Graduation: _____)
 ASSOCIATE: \$60.00/year
 AFFILIATE: \$60.00/year

Scholarship Donation: (tax deductible) _____
TOTAL: _____

Payment Options:

- Check/Money order - payable to SPAP
 Credit Card - PayPal secure service

*CC#: _____

Expiration Date: ____/____/____
 Signature: _____

*CC info is not kept on file once transaction is complete.

Mail completed form and payment to:
 Society for PAs in Pediatrics
 950 North Washington Street
 Alexandria, VA 22314-1552