



The Voice of PAs in Kentucky!



The **Kentucky Academy of Physician Assistants (KAPA)** serves the needs of PAs and PA students who work or reside in the state of Kentucky. KAPA strives to publicize the contributions of PAs to patients, employers, and policy makers. As the voice and advocate of PAs in Kentucky, KAPA promotes continuing education for its members, provides PA employment information to PAs and physicians, and strengthens the role of PAs.

Learn more at kentuckypa.org!

BENEFITS OF MEMBERSHIP

CME Conferences. KAPA is known for its high quality CME program which is held every Fall. Respected medical professionals and health care policy makers present information on cutting edge medical topics, procedures and issues. Members attend at reduced rates.

PA Job Listings. KAPA offers physician assistants an opportunity to use the KAPA Job Board, which offers a list of employment opportunities within the state.

Networking. The Academy's conferences, newsletters and committee activities provide social and professional meeting opportunities for PAs from all regions of the state.

Legislative Representation. KAPA's Legislative Affairs Committee reviews all legislation affecting Kentucky PAs. KAPA establishes liaisons with other health care groups and works with our elected officials to enhance PA practice on both a state and national level.

Public Education. The Academy actively promotes the concept of the PA as a vital part of the health care team and works to increase our profession's visibility.

Leadership Opportunities. KAPA members are invited to play an active role in the future of the PA profession by becoming part of KAPA's leadership.

Newsletter. The *KAPA DisPAch* newsletter provides up-to-date information on the activities of the Academy and on important issues that affect our profession.

Listserv. PARlez - the KAPA Member Listserv, is an email discussion forum which can be used to share information and ask questions of your colleagues.



MEMBERSHIP APPLICATION

NAME _____

POSITION _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

FACILITY _____

FACILITY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ WORK PHONE _____

EMAIL _____

PREFERRED MAILING ADDRESS: HOME WORK

REFERRED BY _____

MEMBERSHIP CATEGORIES

Fellow Member

An individual admitted by the Corporation and continuing as such who lives or works in the state of Kentucky, and is a graduate of a physician assistant program accredited by the ARC-PA or a predecessor agency or who is NCCPA-certified whose primary membership is with the Corporation and a member of the American Academy of Physician Assistants (AAPA).

Student Membership

An individual admitted by the Corporation and continuing as such who is enrolled and, at the time of admission, has at least three (3) months remaining in a physician assistant program accredited by ARC-PA or a predecessor agency.

Pre-PA Student Membership

A student or military individual who is either in a Pre-PA curriculum in college, high school or a medical specialist in the armed services.

Sustaining Membership

A physician assistant who is a graduate of an educational program approved by the board of directors of the AAPA and/or who is certified by an agency recognized by the board of directors of the AAPA, who is not actively practicing in the profession. Retired PAs qualify for this category. Sustaining members will be entitled to the privileges of the floor but will not be entitled to vote or hold office. Sustaining members will be entitled to member benefits.

Affiliate Membership

An individual admitted by the Corporation and continuing as such who is a person engaged in selling products or services to physician assistants or an individual employed by a government agency, who does not qualify for any other membership category.

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SELECT A MEMBERSHIP CATEGORY

- Fellow \$150
- Student \$75
- Pre-PA Student \$75
- Sustaining \$75
- Affiliate \$125
- Fellow w/Supervising Physician \$175
- First Time/New Graduate \$100

AMOUNT ENCLOSED \$ _____

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METHOD OF PAYMENT

Check # _____ VISA AMEX MasterCard

Account # _____

Exp Date: _____

Name on Card _____

Signature _____



MAIL or FAX completed form with payment to:

KAPA Headquarters
446 East High Street, Suite 10 • Lexington, KY 40507
Fax: (859) 271-0607

COMPLETE ONLINE at kentuckypa.org/membership