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 DisPatch 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.

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!
MEMBERSHIP APPLICATION

NAME ________________________________

CREDENTIALS __________________________

HOME ADDRESS __________________________

CITY ___________________ STATE ______ ZIP ____________

EMAIL ____________________________

PHONE ____________________________

FACILITY ____________________________

POSITION/TITLE ____________________________

FACILITY ADDRESS ____________________________

CITY ___________________ STATE ______ ZIP ____________

WORK PHONE ____________________________

PREFERRED MAILING ADDRESS:  □ HOME  □ WORK

KY LICENSE # ____________________________

NCCPA # ____________________________

AAPA MEMBER # ____________________________

SPECIALTY ____________________________

BIRTHDAY ____________________________

□ I am interested in volunteering

□ I am interested in allowing students to shadow me

YOUR PROFESSION:

□ Healthcare Administrator   □ Personal Services

□ Healthcare Educator   □ Physician

□ Nurse   □ Physician Assistant

□ Nurse Practitioner   □ Student

AMOUNT ENCLOSED $____________________

METHOD OF PAYMENT

□ Check #________  □ VISA  □ AMEX  □ MasterCard

Account # __________________________________

Exp Date: _______________________

Name on Card ____________________________

Signature __________________________________