



American Medical Society for Sports Medicine Membership Application

Name Degree(s) Date of Birth

Business Address Business City/State/Zip Code Business Phone #

Preferred E-Mail Address Business Web Site Preferred Mail Sent To: Home Business

Home Address Home City/State/Zip

Home Phone Country Gender: Male Female

See back of application for an explanation of each criterion. Criteria one through four must be met to be considered for membership.

CRITERIA ONE AND TWO		CRITERIA THREE	
Medical School		Recommendations (identify two AMSSM members as references) 1)	
Date of Graduation			
Residency Training Institution		CRITERIA FOUR	
Date (s)	to		
Specialty Board Certification		List medical organizations in which you are a member	
Date			
CRITERIA FIVE (Your curriculum vitae must be enclosed to process your application. Please indicate points in blue box below)			
A. Team Physician School/Organization _____ City _____ State _____ Name of A.D./G.M. _____ <i>Total Points (10 points)</i>		E. CAQ in Sports Medicine. <i>Total Points (5 points)</i>	
		F. CASM Diploma in Sport Medicine. <i>Total Points (5 points)</i>	
B. 20% of my practice is clinical sports medicine. Other equivalent involvement. Describe 20% or "other". _____ <i>Total Points (10 points)</i>		G. Sports Medicine Fellowship Completed Site _____ <i>Total Points (10 points)</i> Dates _____ - _____ Program Dir. _____	
		H. Publications in Sports Medicine Indicate publications on your enclosed CV. List points next to each article/chapter. <i>Total Points (10 points max)</i>	
C. Years of Sports Medicine Practice. One point per year after five years. <i>Total Points (10 points max)</i>		I. Research in Sports Medicine Indicate research on your enclosed CV. <i>Total Points (3 points)</i>	
D. AOASM Certificate of Competence in Sports Medicine. <i>Total Points (5 points)</i>		J. Teaching Responsibilities Indicate teaching activities on your enclosed CV. List the number of points next to presentation/teaching experience. <i>Total Points (10 points max)</i>	
Check category of membership you are applying for. See description in membership brochure.			
Member	Associate	Affiliate	Provisional
The candidate hereby states all information contained in this application is true and correct. The candidate understands any false statement contained may result in future revocation, suspension or cancellation of membership issued in reliance upon the accuracy of the information provided. The candidate understands the AMSSM may contact any reference listed to verify accuracy of this application.			
Signature of Candidate _____		Date _____	
If you are connected with a fellowship, would you like to be included in the listserv?		Yes	No
Would you like to be on the AMSSM.net listserv?		Yes	No

AMSSM CRITERIA FOR MEMBERSHIP

CRITERIA ONE AND TWO	CRITERIA THREE
<p>Must be a licensed, practicing physician of either allopathic (M.D.) or osteopathic (D.O.) medicine.</p> <p>Board certified in a primary care specialty (family practice, pediatrics, internal medicine) or associated specialty (E.M., PM&R, OB/GYN). Candidates can be grandfathered without board certification until December 31, 1999.</p> <p>Affiliate members must be Board Certified in their specialty.</p>	<p>Recommendations from two members of AMSSM.</p>
	<h3 style="margin: 0;">CRITERIA FOUR</h3>
	<p>Must maintain membership in a national organization representing the respective members' discipline or specialty field. D.O.'s must be a member of AOASM if not a member of another recognized national organization. Candidate can be grandfathered without this criteria until December 31, 1999.</p>

CRITERIA FIVE

(Includes completing sections A-J and including current curriculum vitae)

<p>Must have a demonstrated commitment to sports medicine. To qualify for Full or Affiliate Member status, the candidate must have a minimum of 25 points. To qualify for Associate Members status, the candidate must have a minimum of 15 points. A maximum of 73 points are available. Qualifying points are awarded as listed below. The final awarding of points is at the discretion of the Membership Committee.</p>	
	Point Value
A. Team Physician	10
B. Twenty Percent of Clinical Practice in Sports Medicine (this is in-office and does not include time spent as a team physician) Other Equivalent Involvement*	10
C. Years of Sports Medicine Practice One point is allowed for every year of practice in sports medicine after an initial five year commitment to the field.	10(maximum)
D. AOASM Certificate on Competence in Sports Medicine	5
E. Certificate of Added Qualifications (CAQ) in Sports Medicine	5
F. Canadian Association of Sports Medicine (CASM) Diploma in Sports Medicine	5
G. Sports Medicine Fellowship Completed	10
H. Publications in Sports Medicine	10(maximum)
Refereed Journals	2.0/article
Non-refereed Journals	1.5/article
Other Journals	.5/article
Book Chapters	2.5/chapter
I. Research in Sports Medicine	3
J. Teaching Responsibilities	10(maximum)
Presentations at:	
National Meetings	2.0/presentation
State/Regional Meetings	1.5/presentation
Local Meetings	1.0/presentation
Teaching of: fellows, residents and medical students	3.0
<p>* The AMSSM recognizes there may be extenuating circumstances under which candidates may earn points for other significant involvement. For example, serving in a significant administrative capacity in sports medicine might substitute for serving as a sports medicine physician.</p>	

MEMBERSHIP DUES

Please check the appropriate box.

Provisional Membership: \$225.00
 Member/Associate/Affiliate: \$350.00

SUBMIT will create an email message with this form as an attachment.
 Click SEND email message to complete submission.

Paper copy of CJSM mailed to address selected: \$97.00

You may pay with check or credit card. If paying by credit card, please complete the information below. If you will be sending a check, please make check payable to AMSSM. Click the SUBMIT button to send your completed application to AMSSM. You may also fax your completed form to (913) 327-1491 or mail it to AMSSM, 11639 Earnshaw, Overland Park, KS 66210.

CREDIT CARD INFORMATION (MASTERCARD, VISA, DISCOVER)

IF MAILING OR FAXING THIS FORM, PLEASE WRITE YOUR CREDIT CARD INFORMATION IN THE AREA PROVIDED BELOW.

Mastercard Visa Discover

Name as it appears on your credit card: _____

Credit Card #: _____ Re-Enter Credit Card # _____ Expiration Date: _____

Please Note: 1) This is optional and has no bearing or effort on a member's eligibility for membership or relationship with AMSSM;
 2) This information will be added to the member database profile.

Ethnic Background (check/circle all that apply or fill-in): African American Asian American Hispanic/Latino

White/Anglo American Other _____

The candidate hereby states all information contained in this application is true and correct. The candidate understands any false statement contained may result in future revocation, suspension or cancellation of membership issued in reliance upon the accuracy of the information provided. The candidate understands AMSSM may contact any reference listed to verify accuracy of this application.