



**Thank you for your interest in membership in the American College of Occupational and Environmental Medicine! ACOEM is the pre-eminent organization of physicians and other professionals who champion the health and safety of workers, workplaces, and environments.**

**The College was founded in 1916 by physicians caring for the nation's workforce – today ACOEM has grown into the world's largest organization of OEM physicians and other health professionals who bring a wide variety of discipline to the practice of OEM.**

**We are happy to accept your application! Please complete the reverse side of this page.**

**MEMBERSHIP CATEGORIES**

**ACTIVE MEMBERSHIP**

Open to doctors of medicine or osteopathic medicine who have an interest in occupational and/or environmental medicine. Please provide a copy of your medical degree and license at time of application.

**National dues are \$390.**

**AFFILIATE MEMBERSHIP**

Open to non-physicians working in a field related to occupational and environmental medicine, who have a master's level degree in a related field, are certified Physician Assistants, licensed Nurse Practitioners or Certified Occupational Health Nurses. Please provide documentation of your PA certificate, NP license, COHN certificate or masters-level degree at time of application. **National dues are \$225.**

**ASSOCIATE MEMBERSHIP**

Open to non-physicians who have attained the doctorate level degree of PhD, ScD, DrPH, or EdD in occupational and environmental health disciplines. Please provide documentation of your doctorate degree. **National dues are \$225.**

**MEDICAL STUDENT/RESIDENT MEMBERSHIP**

Open to full-time medical students, interns, or residents with an interest in occupational and environmental medicine. Students/residents must provide documentation of their full-time enrollment. **National dues are \$35.**

**Student/Resident members do not pay the Application Fee or Component Society dues.**

**ACOEM COMPONENT SOCIETIES** are an important benefit of membership. Local component societies provide opportunities for leadership, education, discussion of local issues, networking, and professional development referrals.

**All members of ACOEM must join a regional component society** where one is available. You are assigned a component based on your work address, but you may request membership in an adjacent component society. **Medical Student/Resident and Retired members do not pay component dues.** Component society dues for all other member types are listed below:

IF YOU WORK IN	YOUR COMPONENT IS	ACTIVE	AFFIL/ ASSOC
IL, IN, WI, IA, MN, ND, MO	Central States OEMA	\$100	\$25
Outside of U.S.	Direct (International)	\$0	\$0
FL	Florida AOEM	\$145	\$0
GA	Georgia CACOEM	\$50	\$0
KS, NE, SD	Great Plains COEM	\$45	\$45
(Persian) Gulf States	Gulf OEM Group	\$0	\$0
KY	Kentucky OEMA	\$30	\$0
MD	Maryland COEM	\$30	\$30
Washington, DC	Metro. Washington COEM	\$35	\$0
MI	Michigan OEMA	\$60	\$60
AL, LA, AR, MS	Mid South OEMA	\$40	\$25
CT, MA, ME, NH, RI, VT	New England COEM	\$70	\$70
NJ	OEMA of New Jersey	\$50	\$50

IF YOU WORK IN	YOUR COMPONENT IS	ACTIVE	AFFIL/ ASSOC
NY	New York OEMA	\$40	\$0
AK, ID, OR, WA, BC Canada	Northwest AOEM	\$50	\$50
OK	Oklahoma COEM	\$35	\$35
ON Canada	Ontario SOEM	\$10	\$10
PA, DE	Pennsylvania OEMS	\$30	\$0
Puerto Rico	Puerto Rico OEMA	\$5	\$0
CO, MT, NM, WY	Rocky Mountain AOEM	\$40	\$40
NC, SC, VA	Southeastern Atlantic COEM	\$40	\$40
TN	Tennessee COEM	\$25	\$0
TX	Texas COEM	\$30	\$30
OH, WV	Tri-State OMA	\$30	\$0
AZ, CA, HI, NV, UT	Western OEMA	\$125	\$70

**CODE OF ETHICAL CONDUCT**

This code establishes standards of professional ethical conduct with which each member of the American College of Occupational and Environmental Medicine (ACOEM) is expected to comply. These standards are intended to guide occupational and environmental medicine physicians in their relationships with the individuals they serve, employers and workers' representatives, colleagues in the health professions, the public, and all levels of government, including the judiciary.

Physicians should:

- Accord the highest priority to the health and safety of individuals in both the workplace and the environment;
- Practice on a scientific basis with integrity and strive to acquire and maintain adequate knowledge and expertise upon which to render professional service;
- Relate honestly and ethically in all professional relationships;
- Strive to expand and disseminate medical knowledge and participate in ethical research efforts as appropriate;
- Keep confidential all individual medical information, releasing such information only when required by law or overriding public health considerations, or to other physicians according to accepted medical practice, or to others at the request of the individual;
- Recognize that employers may be entitled to counsel about an individual's medical work fitness, but not to diagnoses or specific details, except in compliance with laws and regulations;
- Communicate to individuals and/or groups any significant observations and recommendations concerning their health or safety; and
- Recognize those medical impairments in oneself and others, including chemical dependency and abusive personal practices, which interfere with one's ability to follow the above principles, and take appropriate measures.

ADOPTED OCTOBER 25, 1993 BY THE BOARD OF DIRECTORS OF THE AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE.

## 2010 Application for Membership

### STEP 1. COMPLETE THE MAILING, DIRECTORY AND PROFESSIONAL/PERSONAL INFORMATION

#### Preferred Mailing

**Address**  
(address where we should send College materials)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Degrees/Credentials \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Is this address:

Home Address \_\_\_\_\_

Business City \_\_\_\_\_ State/Province/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

#### Directory Information

(your listing in the on-line membership directory)

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Same as above

Check here if you would like to be listed in the on-line Doctor Finder

City \_\_\_\_\_ State/Province/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone Fax E-Mail

*By including this information, you grant ACOEM permission to communicate with you via e-mail and fax.*

ABMS Certification(s) and other specialty boards \_\_\_\_\_ Licensed to practice in (States/Provinces/Countries) \_\_\_\_\_

#### Professional/Personal Information

Medical School / Post-Graduate Institution \_\_\_\_\_ City / State / Country \_\_\_\_\_ Year Graduated \_\_\_\_\_

Check if MROCC certified

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth Gender (M or F) Home Phone Cell Phone

### STEP 2. SIGN THE CODE OF ETHICAL CONDUCT

All information provided as part of this application is accurate and complete and, if approved for membership, I hereby pledge to comply with the College's Code of Ethical Conduct as required by ACOEM bylaws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STEP 3. COMPLETE THE PAYMENT INFORMATION

#### SELECT A MEMBERSHIP CATEGORY

- Active Membership, \$390
- Associate Membership, \$225
- Affiliate Membership, \$225
- Medical Student/Resident Membership, \$35

(See reverse side for description).

#### IMPORTANT MEMBERSHIP FEE INFORMATION

- \*A one-time \$40 application fee is required with all new applications for membership (**except** student/resident applications). Non refundable.
- \*All Dues apply through January 1<sup>st</sup> of 2011.
- \*All Dues are payable in full at the time of application.
- \*Component Society Dues are required for membership.

**Payment Method:**  Check Enclosed (Pay to the order of ACOEM)

**Please charge:**  Visa  MasterCard  Amex  Discover

\_\_\_\_\_ Exp. Date \_\_\_\_\_  
Credit Card No.

\_\_\_\_\_  
Signature

\$ \_\_\_\_\_  
**2010 National Dues**

\$ 40.00  
**One-time Application Fee**

\$ \_\_\_\_\_  
**Component Society Dues**

\$ \_\_\_\_\_  
**Total**

### STEP 4. SUBMIT YOUR APPLICATION, PAYMENT AND SUPPORTING DOCUMENTS

- **FAX** this application and supporting documentation with your credit card information to 847-818-8347.
- **MAIL** this application and supporting documentation with your dues payment to: American College of Occupational and Environmental Medicine, 25 Northwest Point Blvd., STE 700, Elk Grove Village, IL 60007.

QUESTIONS? Call 847-818-1800, or email [memberinfo@acoem.org](mailto:memberinfo@acoem.org)