



# Idaho Society of Dermatology Physician Assistants

## M E M B E R S H I P F O R M

\* Denotes Required Field

### Personal Information

\*First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
\*Last Name \_\_\_\_\_  
\*Title PA-C \_\_\_\_\_, PA-S \_\_\_\_\_, Dr. \_\_\_\_\_, NP \_\_\_\_\_, Other \_\_\_\_\_  
Email address \_\_\_\_\_  
\*Mailing address \_\_\_\_\_  
\*City \_\_\_\_\_  
\* State \_\_\_\_\_  
\*Zip Code \_\_\_\_\_  
\*Home phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_  
\*School Attended \_\_\_\_\_  
\*Year Graduated \_\_\_\_\_  
AAPA Member Yes \_\_\_\_\_ No \_\_\_\_\_  
AAPA # \_\_\_\_\_ (required if AAPA member)  
NCCPA # \_\_\_\_\_ (required if applying as fellow member)

### Practice Information

Supervisor First Name \_\_\_\_\_  
Supervisor Last Name \_\_\_\_\_  
\*Supervisor Board Certified in Dermatology Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Practice Name \_\_\_\_\_  
\*Practice Address \_\_\_\_\_  
\*Practice City \_\_\_\_\_  
\*Practice State \_\_\_\_\_, Zip Code \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Work Fax (\_\_\_\_) \_\_\_\_\_

Preferred Contact (for mailings) Home \_\_\_\_\_ Work \_\_\_\_\_

Idaho Society of Dermatology Physician Assistants  
Contact Information Release

Yes \_\_\_\_ No \_\_\_\_ I give consent to the ISDPA, Inc. to release preferred contact mailing information to pre-screened third parties which the ISDPA, Inc. has relationships with. This includes conference mailings and other information we believe will benefit you as a member.

Member type

\_\_\_ FELLOW: Meets the following criteria: Certified PA; Member of AAPA; Member of the Society of Dermatology Physician Assistants Practices full or part-time in dermatology and is supervised by a board certified dermatologist.

\_\_\_ PHYSICIAN: Meets the following criteria: Licensed physicians who desire to associate with the ISDPA in a professional or social capacity.

\_\_\_ ASSOCIATE: Meets the following criteria: A physician assistant who does not work in dermatology but wishes to or has a keen interest in dermatology Associate members may be other health care professionals who work in dermatology, but are not physician assistants.

\_\_\_ AFFILIATE: Meets the following criteria: Health professionals who do not qualify for any other membership category, who have an interest in dermatology and desire to be affiliated with the ISDPA, Inc.

\_\_\_ STUDENT: Meets the following criteria: A student currently enrolled in an accredited PA program who has an interest in dermatology.

Dues:

There are no dues for membership in any of the categories.

Send the completed application to:

Kent Whitaker, M.Ed., PA-C  
921 South 8<sup>th</sup> Ave., Stop 8253  
Pocatello, ID 83209-8253