



# Connecticut Academy of Physician Assistants

One Regency Drive P.O. Box 30 Bloomfield, CT 06002

860/243-3977 Fax: 860/286-0787 [connapa@ssmgt.com](mailto:connapa@ssmgt.com) [www.connapa.org](http://www.connapa.org)

## MEMBERSHIP FORM

Please help us to keep your records current by completing this form. Please print neatly.

IF YOU ARE A NEW MEMBER, PLEASE BE SURE TO SIGN THE CODE OF ETHICS ON THE BACK OF THIS FORM.

CIRCLE ANY INFORMATION THAT YOU DO NOT WANT PUBLISHED IN THE LIST WE DISTRIBUTE TO MEMBERS, UPON REQUEST.

**Member Type:** PLEASE CHECK APPROPRIATE CATEGORY MEMBERSHIP TERM: 7/1/10-6/30/11  
 **FELLOW** (PA, MEMBER OF AAPA)  **AFFILIATE** (PA, NOT MEMBER OF AAPA)  **RETIRED PA**

**Contact Data:**

NAME (INCLUDE CREDENTIALS): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
HOME PHONE: ( ) \_\_\_\_\_ HOME FAX: ( ) \_\_\_\_\_  
HOME EMAIL: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_  
EMPLOYER NAME & ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ EMPLOYER PHONE: ( ) \_\_\_\_\_  
EMPLOYER FAX: ( ) \_\_\_\_\_ EMPLOYER EMAIL: \_\_\_\_\_

**Professional Information:** PLEASE BE SURE TO INCLUDE YOUR CT LICENSE AND AAPA MEMBERSHIP NUMBERS.

PA PROGRAM: \_\_\_\_\_ MONTH/YEAR OF GRADUATION: \_\_\_\_\_  
CT LICENSE #: \_\_\_\_\_ NCCPA CERT: YES \_\_\_ NO \_\_\_ AAPA MEMBER: YES \_\_\_ NO \_\_\_ AAPA #: \_\_\_\_\_  
SUPERVISING PHYSICIAN'S NAME (INCLUDE ADDRESS IF DIFFERENT FROM WORK ADDRESS ABOVE): \_\_\_\_\_  
\_\_\_\_\_

**Specialty:** [Please check only one. If you have a specialty or subspecialty not listed, please write in the space below.]

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Anesthesiology            | <input type="checkbox"/> Neonatal/NICU         | <input type="checkbox"/> Ophthalmology      | <input type="checkbox"/> Psych/Substance Abuse     |
| <input type="checkbox"/> Cardiology                | <input type="checkbox"/> Nephrology            | <input type="checkbox"/> Ortho/Sports Med   | <input type="checkbox"/> Radiology                 |
| <input type="checkbox"/> Dermatology               | <input type="checkbox"/> Neurology             | <input type="checkbox"/> Otolaryngology     | <input type="checkbox"/> Surgery - General         |
| <input type="checkbox"/> Emerg Med/Urgent Care     | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Pediatrics         | <input type="checkbox"/> Neurosurgery              |
| <input type="checkbox"/> Family Practice           | <input type="checkbox"/> Occupational Med      | <input type="checkbox"/> Pulmonary          | <input type="checkbox"/> Plastics/Reconst. Surgery |
| <input type="checkbox"/> Geriatrics                | <input type="checkbox"/> Oncology              | <input type="checkbox"/> Physical Med/Rehab | <input type="checkbox"/> Cardiovascular Surgery    |
| <input type="checkbox"/> Internal Med/Primary Care | <input type="checkbox"/> Other: _____          |   |  |

**Check a volunteer opportunity in which you'd like to participate:**  **Job Shadow/Mentor**  
 MEMBERSHIP  NEWSLETTER  LEGISLATION  CME/CHARTER OAK CONFERENCE  PUBLIC RELATIONS

**How did you find out about ConnAPA?** Newsletter  Website  PR Mailing  Charter Oak Conference  Other

**Payment** You may remit payment by mailing a check to ConnAPA or using MC/VISA (see below)  
\$125.00 plus \$25.00 = \$ \_\_\_\_\_ \*  
Fellow & Affiliate Dues  
\$25.00 plus \$25.00 = \$ \_\_\_\_\_  
Retired PA Voluntary Support Total Amount Enclosed  
of CT PAF Student Scholarships for term through 6/30/11

\*Please be advised that under a law passed by Congress, costs of lobbying on behalf of an organization's special interests impact how much of the membership dues for that organization are tax deductible. Based on the formula provided, forty-seven percent of your dues payment is allocable to lobbying expenditures and therefore according to federal law, non-deductible. Contribution to the Connecticut Physician Assistants Foundation (CT-PAF), a tax-exempt organization that grants scholarships to deserving Connecticut PA students, are also deductible as charitable contributions. Specific contributions about tax implications should be referred to your personal accountant.

**Mailing Lists:** ConnAPA enhances its revenues by selling mailing lists to prospective employers, CME sponsors, and other select individuals. If you do not want your name to appear on such lists, please initial here.

MC or VISA # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
NAME PRINTED ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CHECK #: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ CHECK DATE: \_\_\_\_\_ PAYEE: \_\_\_\_\_ MEMBER/OTHER \_\_\_\_\_

## CODE OF ETHICS FOR THE PHYSICIAN ASSISTANT PROFESSION

The Connecticut Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

**Physician Assistants** shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.

**Physician Assistants** shall extend to each patient the full measure of their ability as dedicated empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

**Physician Assistants** shall deliver health care services to health consumers without regard to sex, age, creed, socio-economic and political status.

**Physician Assistants** shall adhere to all state and federal laws governing informed consent concerning patient's health care.

**Physician Assistants** shall seek consolation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consolation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

**Physician Assistants** shall take personal responsibility for being familiar with and adhering to all federal and state laws applicable to the practice of their profession.

**Physician Assistants** shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

**Physician Assistants** shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

**Physician Assistants** shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.

**Physician Assistants** will strive to maintain and increase the quality of individual health care service through individual study and continuing education.

**Physician Assistants** shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

**Physician Assistants**, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

**Physician Assistants** shall place service before material gain and must carefully safeguard against conflicts of professional interest.

**Physician Assistants** shall strive to maintain a spirit of cooperation with their professional organizations and the general public.

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Signature (If new ConnAPA Member)

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Date