AMERICAN ACADEMY OF HIV MEDICINE

Membership/Renewal Application

Please check one:

☐ New Member ☐ Renewal (☐ My contact info has not changed) Date: _____

PROVIDER INFORMATION (PLEASE PRINT CLEARLY)

Contact data for AAHIVM correspondence

Name: _____

Provider Type: ☐ MD ☐ DO ☐ PA ☐ NP ☐ Pharmacist ☐ Other: _____

Additional Degrees: _____ AAHIVM ID# (if known): _____

Address: _____ Work Phone: _____

Home ☐ Business ☐ _____ Fax: _____

_____ Cell: _____

Email: _____

Gender: (optional - select all that apply) ☐ Male ☐ Female ☐ Gender Nonconforming/Other

Ethnicity: (optional - select all that apply) ☐ American Indian / Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic, Latinx, Spanish ☐ Middle Eastern / North African ☐ Native Hawaiian / Pacific Islander ☐ White ☐ Other: _____

# of HIV Patients in Care: ☐ 1-19 ☐ 20-75 ☐ 76-100 ☐ 101-150 ☐ 151-300 ☐ 301+ ☐ Non-practicing

Principal Practice Setting: ☐ Community Health Center ☐ Correctional Facility ☐ Health Department ☐ HMO / Managed Care ☐ Hospital / Hospital-Based Clinic ☐ Industry / Research ☐ Private Practice ☐ Retail Pharmacy ☐ V.A. / Government ☐ Other: _____

Specialty: ☐ ID ☐ IM ☐ FP ☐ EM ☐ OB/GYN ☐ Pediatrics ☐ Geriatrics ☐ Other: _____

"Ryan White" Funding: ☐ Yes ☐ No ☐ N/A Anticipated Year of Retirement: _____

INFORMATION FOR PUBLIC ONLINE PROVIDER DIRECTORY, *Referral Link*

Organization: _____

Department: _____ Job Title: _____

Address: _____

(if different from above) _____

Brief description of your practice for public display:

Please return this form via one of the following methods:

fax to: 202-659-0976, email scanned form to: aaron@aahivm.org, or mail to:
AAHIVM | 1705 DeSales St. NW, Suite 700 | Washington, DC 20036 | 202-659-0699

AMERICAN ACADEMY OF HIV MEDICINE

Membership Form

INFORMATION FOR PUBLIC ONLINE PROVIDER DIRECTORY, *Referral Link* (continued)

Appointment Phone: _____ Website: _____

Fee Policies / Insurance Options Accepted: ☐ Medicare ☐ Medicaid ☐ Sliding Scale
☐ Private Insurance ☐ Other: _____

Please mark the services that **YOU** offer patients with or at risk for HIV:

	PRIMARY MEDICAL SERVICES
	Confirmatory HIV Testing
	HIV Primary Care
	GYN Care
	Anal PAP Screening
	Prenatal Care
	Adolescent Care
	Hepatitis C Mono-Infected
	Hepatitis C Co-Infected
	SPECIALTY CARE SERVICES
	Women's Health
	Men's Health
	Transgender Health
	ADDITIONAL CLINICAL SERVICES
	Case Management
	Substance Use Disorder Treatment - Outpatient
	Substance Use Disorder Treatment - Residential
	Mental Health Services
	AIDS Drug Assistance Program (ADAP) access

	ADDITIONAL CLINICAL SERVICES (CONT'D)
	HIV drug manufacturer pt. assistance program access
	Access to clinical trials
	Dental Care
	Pharmacy Dispensing & Counseling
	Pre-Exposure Prophylaxis (PrEP)
	Post-Exposure Prophylaxis (PEP)
	SUPPORT SERVICES
	Medical Nutrition Therapy
	Pain Management
	Hospice
	Health insurance counseling/assistance
	Translation / Bilingual care
	Transportation
	Ministry & Spiritual Services
	Do not provide clinical services

MEMBERSHIP DUES INFO *(includes automatic enrollment as a Member of your state/regional chapter)*

☐ **Annual** $200

☐ **Monthly** $15/mo (credit card req.) $180

☐ **Multi-Year** (min. 2 years.)
$180 / year x _____ years = _____

☐ **HIV Treaters Association of Puerto Rico Member** $75

☐ **Fellow/Resident** $40

☐ **Retired** $25

☐ **Student** (for **non-licensed students** pursuing any of the following degree types: MD, DO, PA, NP, PharmD, RPh; providers holding any of these licenses are ineligible for complimentary Student Membership) Complimentary

TOTAL $ _____

☐ With submission of this application, **I agree** to AAHIVM's Code of Ethics (available at www.aahivm.org).

Payment Type: ☐ Check enclosed
☐ Credit Card (Visa, M/C or Amex)

Name on card: _____

Card #: _____

Exp Date: _____ CCV#: _____ Billing Zip: _____

Signature: _____

IMPORTANT TAX NOTE: AAHVIM is exempt from taxes as a non-profit 501(c) (6) organization. Please note that advocacy expenditures result in some restrictions on a member's ability to deduct membership fees as a business expense. See Internal Revenue Code Section 162 (e) (1). AAHIVM estimates that the non-deductible portion of your annual memberhip fee is twenty percent (20%).

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