

**Promoting Health
Through Prevention
Education and Research**



➔ About APTR

The Association for Prevention Teaching and Research (APTR) is the professional organization for the academic public health community dedicated to the prevention research and interprofessional education.

APTR develops curriculum materials, professional development programs, and communication tools for educators, researchers and students.

➔ How Do I Join?

Enhance your knowledge and expertise, join today! Simply visit www.aptrweb.org/join. You can also request an application by calling toll-free (866) 520-APTR.

www.aptrweb.org

➔ Who Are APTR Members?

Our strength lies in the interprofessional make-up of our membership. APTR represents public health, medical, and health professional faculty and their institutions. APTR also supports universities, schools and colleges, that develop, maintain, and advance graduate programs in the disciplines of public health, preventive medicine, social medicine, and community health, as well as undergraduate programs in public health.



➔ Why Join APTR?

NETWORKING, COLLABORATION AND VISIBILITY

Membership gives you the opportunity to learn from, and collaborate with, other leading professionals in your field as well

FUNDING OPPORTUNITIES

Access crucial sources of funding from the association, Centers for Disease Control and Prevention (CDC), and other federal agencies.

EDUCATION & CURRICULUM RESOURCES

Benefit from the many resources, curriculum, materials, and self-study courses that APTR provides to support the teaching of clinical prevention and population health.

PROFESSIONAL DEVELOPMENT

Develop and enhance your leadership and teaching skills. APTR offers career and faculty development seminars and workshops designed for the academic prevention and public health community.





INDIVIDUAL MEMBERSHIP APPLICATION

INSTITUTION INFORMATION

Institution: _____
Department: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Website: _____

INDIVIDUAL INFORMATION

Dr. Mr. Ms. Mrs. Other

First Name: _____ Last Name: _____ Degrees: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Email: _____
Phone: _____ Fax: _____ Personal/Mobile: _____

BOARD CERTIFICATION:

- | | |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Preventive Medicine | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Aerospace Medicine | |

PROFESSION

- | | |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Government |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Faculty Administrator | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Other Profession |

MEMBERSHIP TYPE

- \$193.00 PREVENTIVE MEDICINE EDUCATOR
Professional who is involved and/or interested in the field of preventive medicine and public health.
- \$193.00 HEALTH PROFESSIONS EDUCATOR
Professional who is involved and/or interested in the field of preventive medicine and public health.
- \$193.00 OTHER
Professional who is involved and/or interested in the field of preventive medicine and public health.
- \$99.00 RETIRED
Professional who is involved and/or interested in the field of preventive medicine and public health.
- \$65.00 STUDENT - Expected Date of Graduation: (Month/Year) _____
Student enrolled in a degree-seeking undergraduate or graduate health professions education program. Includes online-only access to the *American Journal of Preventive Medicine*. Please include a current copy of student identification.

PAYMENT INFORMATION

- Check Enclosed for the amount of: _____
Please make checks payable to "APTR." \$15 fee for non-U.S. bank check



ASSOCIATION FOR PREVENTION TEACHING AND RESEARCH