American Association for Pediatric Ophthalmology and Strabismus

International Path A Membership Application	
1. PERSONAL INFORMATION 01-00	
First Name & Middle Initial * 01-01	
Last Name * 01-02	
Credential * Example: MD, PhD, MBA, etc. 01-03	
Email * Please note: An acknowledgement of this application will be sent by email to the above address. This entry must be accurate; otherwise, no acknowledgement will be received. 01-04	
2.PRIMARY OFFICE ADDRESS 02-00	
Office/Clinic/Institution* 02-01	
Office Street Address * 02-02	
Address, line 2 02-03	
City * 02-04	
State * 02-05	
Zip Code * 02-06	
Country * 02-07	
Office Phone * (Please include area code / country code) 02-08	
Office Fax (Please include area code / country code) 02-09	
Cell / Mobile (Please include area code / country code) 02-10	
3. MEDICAL LICENSE INFORMATION 03-00	
Do you have a valid Medical License?* 03-01	○ Yes ○ No

SAMPLE

Field	Entry
Medical License Number 03-02	
Country * 03-03	
4. Professional Information & References 04-00	
Medical or Osteopathic School * 04-01	
Start Date (month-year) * 04-02	Month: Year:
End Date (month-year)* 04-04	Month: Year:
Internship 04-06	
Start Date (month-year) * 04-07	Month: Year:
End Date (month-year)* 04-09	Month: Year:
Residency * 04-11	
Start Date (month-year) * 04-12	Month: Year:
End Date (month-year)* 04-14	Month: Year:
Fellowship * 04-16	
Start Date (month-year)* 04-18	Month: Year:
End Date (month-year)* 04-20	Month: Year:
Fellowship Director * 04-22	
Fellowship Director Email Address * 04-23	
Name of a full AAPOS Member reference other than Fellowship Director * 04-24	
E-mail address of full AAPOS Member reference other than Fellowship Director * 04-25	
5. PROFESSIONAL EXPERIENCE 05-00	
Years and months Professional Experience after last formal training.* 05-01 & 05-02	Years: Months:
6. PRACTICE COMPOSITION 06-00	
Percentage of practice related to pediatric ophthalmology and/or strabismus: * 06-01	
Signature 08-00	
☐ I understand my responsibilities as an applicant. I have reviewed my application and have provided accurate information. * 08-01	
Please enter your email address a 2nd time. It must match the address you entered	

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in Question 01-04* 08-02	
Submit	Submit = You will have the opportunity to review and edit your form entries.

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