



## ASSOCIATION OF RHEUMATOLOGY HEALTH PROFESSIONALS

A DIVISION OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

The Association of Rheumatology Health Professionals, a division of the American College of Rheumatology, is a professional membership society composed of non-physician health care professionals specializing in rheumatology, such as advanced practice nurses, nurses, occupational therapists, physical therapists, psychologists, social workers, epidemiologists, physician assistants, educators, clinicians, researchers, research coordinators and office staff.

### **ARHP Purpose**

Using programs of education, practice, research, and advocacy, the Association of Rheumatology Health Professionals will advance the knowledge and skills of health professionals in the area of rheumatology and will improve their understanding and management of the physical, emotional, psychological, and cultural factors influencing health in order to improve the health outcomes for people with or at risk for rheumatic disease and musculoskeletal conditions.

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### **Application Process**

Please fill out all pages of the application for ARHP Membership and send them with your payment to the address or fax below. Check payments need to be made to the ACR. **Fax:** (404) 633-1870 **Mailing Address:** ACR, 2200 Lake Boulevard NE, Atlanta, GA 30319

>>> *For more information, go to the ARHP Web site at [www.rheumatology.org/arhp](http://www.rheumatology.org/arhp)*

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### **ACR/ARHP Rules of Procedure**

ACR/ARHP Rules of Procedure state that an applicant must have a recommendation from another ACR/ARHP member. Any applicant who is unable to get a recommendation may appeal to the ARHP by contacting the membership staff at (404) 633-3777. Thereafter a recommendation for approval will be forwarded to the ACR Board of Directors for Rheumatology Health Professional membership, Rheumatology Health Professional International membership and Emeritus membership who will make the final decision on the applicant. Election to membership will be made by an affirmative vote. If an applicant is not approved, the applicant may reapply as a member three years after the date of the adverse decision.

Associate and Student Member Applicants are approved by the ARHP Executive Committee and are considered members of the ARHP but not the ACR.

*The ACR does not discriminate based on sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, or age.*

### **Membership Dues**

Please pay membership dues in full. The ACR/ARHP does not prorate.

### **Reinstatement**

If a member resigns, reinstatement may be granted by filling out a new membership application and completing the election process. A resigned-member reinstatement may also be granted by vote of the ACR Board of Directors if all arrears are paid in full prior to the end of the fiscal year of the ACR in which the termination occurs.

## **CATEGORIES OF MEMBERSHIP** *(Please indicate the category of membership for which you are applying.)*

**RHEUMATOLOGY HEALTH PROFESSIONAL MEMBER - \$130.00** *(a printed AC&R subscription is included in dues, and members may not deduct subscription price from dues)*

**To qualify as a Rheumatology Health Professional Member, an applicant must:**

- Reside in the United States, Canada or Mexico
- Be eligible for membership in his or her professional discipline's national association
- Have demonstrated an interest in rheumatology practice, research or education
- Be degreed from any profession, not limited to rheumatology
- Obtain the signature of a current member of the ARHP or ACR who is familiar with the applicant's professional competence, ethics and moral standing

**INTERNATIONAL RHEUMATOLOGY HEALTH PROFESSIONAL MEMBER - \$130.00** *(\$160 with printed AC&R subscription)*

**To qualify as an International Rheumatology Health Professional Member, an applicant must:**

- Reside outside the United States, Canada and Mexico
- Be eligible for membership in his or her professional discipline's national association
- Have demonstrated an interest in rheumatology practice, research or education
- Be degreed from any profession, not limited to rheumatology
- Obtain the signature of a current member of the ARHP or ACR who is familiar with the applicant's professional competence, ethics and moral standing

**EMERITUS MEMBER - \$30.00** *(\$60.00 with printed AC&R subscription)*

**To qualify as an Emeritus Member, an applicant must be one of the following:**

- A Member who has retired from active practice
- Permanently disabled
- Charter member (October 5, 1965- June 1, 1967), elected by the ARHP Executive Committee

**ASSOCIATE RHEUMATOLOGY HEALTH PROFESSIONAL MEMBER - \$80.00** *(\$110 with printed AC&R subscription)*

**To qualify as an Associate Rheumatology Health Professional Member, an applicant must:**

- Have demonstrated an interest in rheumatology practice, research or education. Examples include, but are not limited to, physical therapy assistants, occupational therapy assistants, nursing assistants, laboratory technicians, non-degreed clinical research coordinators, medical assistants, licensed vocational nurses, licensed practical nurses, radiology technicians and rheumatology office staff
- Obtain the signature of a current member of the ARHP or ACR who is familiar with the applicant's professional competence, ethics and moral standing

**> Registered nurses are not eligible for associate membership**

**> Degreed professionals qualify for the health professional category listed above.**

**STUDENT MEMBERSHIP - \$25.00** *(\$55 with printed AC&R subscription)*

**To qualify as a Student Member, an applicant must:**

- Reside in the United States, Canada or Mexico
- Have demonstrated an interest in rheumatology
- Be enrolled in a health professional program leading to a baccalaureate or graduate degree. Health professional programs may include nursing, physical therapy, occupational therapy, social work, psychology, laboratory sciences, physician assistant, health education and epidemiology
- **Requirement:** Attach a letter that confirms enrollment from the program director or faculty advisor annually



# Application for ARHP Membership

## Membership Directory Information - Professional Address Preferred

International registrants, please include country and city codes.

FIRST NAME / MIDDLE INITIAL / LAST NAME:		JOB TITLE:	MEMBER ID #:
INSTITUTION / AFFILIATION:		DEPARTMENT / DIVISION:	
MAILING ADDRESS:			
CITY:	STATE / PROVINCE:	COUNTRY:	ZIP / POSTAL CODE:
PHONE:	MOBILE PHONE:	FAX:	

E-MAIL REQUIRED: ( PRINT CLEARLY )

DEGREE: ( LIST ALL ) REQUIRED TO COMPLETE PROCESS - IF YOU DO NOT HAVE A DEGREE, PLEASE LIST "NO DEGREE".	DEMOGRAPHIC INFORMATION: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MONTH / DAY / YEAR) / /
PRINT NAME OF CURRENT ACR/ARHP SPONSOR/MEMBER WHO RECRUITED YOU:	ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> WHITE, NON-HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> BLACK, NON-HISPANIC <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER/UNSPECIFIED	
SIGNATURE OF CURRENT ACR/ARHP SPONSOR/MEMBER:	• If you do not have a sponsor, please contact the ARHP Membership department for further assistance.	

DO NOT LEASE MY MAILING ADDRESS TO OTHER ORGANIZATIONS FOR PROMOTIONAL MAILINGS (THE ACR NEVER RENTS E-MAIL ADDRESSES OR HOME OR FAX NUMBERS. THESE ARE FOR THE ACR'S USE ONLY.)

## Preferred Mailing Address - ONLY if Different than Above

INSTITUTION / AFFILIATION:		DEPARTMENT / DIVISION:		
MAILING ADDRESS:				
CITY:	STATE / PROVINCE:	COUNTRY:	ZIP / POSTAL CODE:	
PHONE:	MOBILE PHONE:	FAX:		

E-MAIL REQUIRED: ( PRINT CLEARLY )

## Payment Information - Please Print Clearly

**Health Professional** - \$130 (DEGREE-ANY PROFESSION)   
  **Emeritus** - \$30 (\$60 WITH PRINTED AC&R SUBSCRIPTION) (RETIRED)   
  **Student** - \$25 (\$55 WITH PRINTED AC&R SUBSCRIPTION) (CURRENTLY ENROLLED)

**International Health Professional** - \$130 (\$160 WITH PRINTED AC&R SUBSCRIPTION) (DEGREE-ANY PROFESSION)   
  **Associate** - \$80 (\$110 WITH PRINTED AC&R SUBSCRIPTION) (NON-DEGREE)

**Check Enclosed** (CHECKS MUST BE MADE PAYABLE TO THE ACR IN U.S. DOLLARS DRAWN ON U.S. BANKS. TRANSFERS, CASH OR PURCHASE ORDERS WILL NOT BE ACCEPTED.)

**Payment by Credit Card:**

               

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VISA     MASTERCARD     AMEX   
 CREDIT CARD NUMBER   
 EXPIRATION DATE

**Amount:** \$ \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD

\_\_\_\_\_  
RECEIVED:

\_\_\_\_\_  
NOTIFIED:



Send complete application form and payment:  
 2200 Lake Boulevard NE, Atlanta, GA 30319  
 Fax: (404) 633-1870 (please include credit card number)

# Application for ARHP Membership

(Continued from previous page)

## Disciplines/Specialties (SELECT UP TO 2 DISCIPLINES. IF OTHER, WRITE IN NAME OF OTHER.)

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_ **Tertiary:** \_\_\_\_\_

Administrator	Medical Assistant	Pharmacist	Research-Evaluation
Advanced Practice Nurse	Medical Informatics	Physical Therapist	Research-Health Science
Biostatistics	Medical Librarian	Physician	Research -Population Health
Counselor	Nurse	Physician Assistant	Retired
Dietician	Occupational Medicine	Podiatrist	Social Scientist
Epidemiologist	Occupational Therapist	Psychologist	Social Worker
Health Educator	Office Manager / Staff	Research Coordinator	Sociologist
Health Services Researcher	Orthotist/Prosthetist	Research-Basic Science	Student
Laboratory Technician	Pediatrics	Research-Clinical	

## Areas Where Time Is Spent (SELECT UP TO 2, IF OTHER, WRITE IN NAME OF OTHER.)

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_ **Tertiary:** \_\_\_\_\_

Administration	Patient Care	Research-Evaluation	Student
Clinical Trials	Public Policy	Research-Health Science	Teaching
Consultation	Research-Basic Science	Research-Population Health	
Counseling	Research-Clinical	Retired	

## Professional Work Settings/Locations (SELECT 1, IF OTHER, WRITE IN NAME OF OTHER.)

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_ **Tertiary:** \_\_\_\_\_

School – College or University	Hospital Practice	Physician's Office Staff	Practice-Staff Model HMO
Government	Industry-Other	Practice-Multiple Specialty Group	Public Health Agency
Government-VA Hospital	Industry-Pharmaceutical	Practice-Partnership	Rehabilitation/Vocational Center
Home Health Agency	Long Term Care Facility	Practice-Single Specialty Group	Retired
Hospital		Practice-Solo	

## Age Group Focus for Patients (CHOOSE ALL THAT APPLY.) Adult Pediatric Geriatric All Ages

## Diagnostic Focus (CHOOSE ALL THAT APPLY. IF OTHER, WRITE IN THE NAME OF THE FOCUS.)

<input type="checkbox"/> Ankylosing Spondylitis /Spondylarthropathies	<input type="checkbox"/> Hypermobility syndromes	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Scleroderma
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Obesity	<input type="checkbox"/> Overuse syndromes	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Gout	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Psoriatic Arthritis	<input type="checkbox"/> Systemic Lupus Erythematosus
	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Vasculitis

## Practice Focus (CHOOSE ALL THAT APPLY. IF OTHER, WRITE IN THE NAME OF THE FOCUS.)

<input type="checkbox"/> Advocacy/Public Policy	<input type="checkbox"/> Developmental/Life Skills	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Practice Management
<input type="checkbox"/> Assistive Devices/Orthoses	<input type="checkbox"/> Economics/Cost of Health Care	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Psychosocial issues
<input type="checkbox"/> Behavioral approaches	<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Patient/Family Education & Counseling	<input type="checkbox"/> Public Health
<input type="checkbox"/> Biologics	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Quality of Life
<input type="checkbox"/> Biomechanics	<input type="checkbox"/> Functional Status		<input type="checkbox"/> Work Disability

## Research Methods (CHOOSE ALL THAT APPLY. IF OTHER, WRITE IN THE NAME OF THE METHOD.)

<input type="checkbox"/> Biostatistics	<input type="checkbox"/> Clinical Trials Management	<input type="checkbox"/> Outcomes/Evaluative research
<input type="checkbox"/> Clinical Trials Design	<input type="checkbox"/> Meta-analyses	<input type="checkbox"/> Qualitative methods & analysis