ASCCP
Improving lives through the prevention and treatment of anogenital & HPV-related diseases

Trainee Group Membership Application

Institution/Company:_____

Residency Director Name:_____

Address: _____

City:_____ **State/Providence:** _____ **Country:**_____

Postal Code:_____ **Phone:** _____

Email:_____

Please indicate total number of the Trainees you are paying for in the box below. Each individual will need to complete the Trainee Membership Application, which should be attached with this form.

Qty	Membership Type		Price Per Membership	Subtotal
	Trainee Membership	x	$15	
	Trainee with Online Journal Subscription	x	$65	
	Trainee with Online & Print Subscription	x	$100	
			TOTAL	

Payment Information:

NOTE: ASCCP recommends calling the office to pay with a credit card over the phone once you have emailed this application.

Credit Card Number:_____

Expiration Date _____/_____ Zip Code: _____
(Month) (Year)

Name on Card: _____

Signature:_____

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Trainee Membership Application

Name:_____

Institution/Company:_____

Residency Director Name:_____

Address: _____

City:_____ **State/Providence:** _____ **Country:**_____

Postal Code:_____ **Phone:** _____

Email: _____

Category(select one):

☐ Student ☐ Resident ☐ Fellow ☐ Postdoc

Credentials (select all that apply):

☐ ANP	☐ ARNP	☐ DNP	☐ MBChB	☐ MSN	☐ PANCE	☐ Other (List Below)
☐ AOCN	☐ BSN	☐ DO	☐ MD	☐ NP	☐ RN	
☐ AOCNP	☐ CNA	☐ FNP	☐ MPH	☐ PA-C	☐ PhD	_____
☐ ARC-PA	☐ CNM	☐ LPN	☐ MSc	☐ PharmaD	☐ WHNP	_____

Specialty (select all that apply):

☐ Dermatology	☐ Internist	☐ Pharmacy
☐ Family Medicine	☐ Ob/Gyn	☐ Surgery
☐ General Practice	☐ Oncology	☐ Other_____
☐ Gyn Oncology	☐ Pathology	
☐ Internal Medicine	☐ Pediatrics	

Professional Setting (select all that apply):

☐ Academia (teaching/research)	☐ Hospital	☐ Office/Clinic
☐ Government	☐ Industry	☐ Other_____

In order to comply with the General Data Protection Regulation (GDPR), members must provide consent for their data to be transferred to third party vendors. If you wish to opt out of the member benefits below, please check the boxes.

☐ Opt out of data being sent to Multiview for your subscription to the ASCCP Advisor (e-weekly newsletter)

☐ Opt out of data being sent to ASCCP's publisher for your Journal Subscription (only applicable to those who subscribe)

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Trainee Membership Application (continued)

Licensure:

Has your license to practice ever been revoked? ☐ Yes ☐ No

Have you ever been denied a license to practice? ☐ Yes ☐ No

Have you ever voluntarily surrendered your license? ☐ Yes ☐ No

Have you ever been the subject of any professional misconduct proceedings or are they pending? ☐ Yes ☐ No

Have any sanctions or restrictions been imposed by any licensing authority? ☐ Yes ☐ No

If yes to any of the above, please explain:_____

Have you ever been convicted of committing an act constituting a crime or felony? ☐ Yes ☐ No

Return the this form to your Residency Director/Department Chair