



## Allied Health Professional Membership

### Mission:

To improve quality of patient care through multidisciplinary, interprofessional education.

### Vision:

Physician-directed educational and leadership activities that include diverse teams of healthcare professionals interacting, collaborating, and learning for the purpose of improving the quality of patient care. We believe the key to solving problems within our healthcare system involves unifying a growing and diverse group of healthcare professionals around a common cause that can initiate real reform. This common cause is continuing medical education.

### Allied Health Membership:

By joining SMA you become part of a rich heritage of healthcare professionals who recognize the value of quality continuing medical education and view it as the means to significant change in patient care.

#### LIST OF BENEFITS:

- ✓ Online CME
- ✓ ID Theft Assist
- ✓ Akos Connect - Telemedicine
- ✓ Dell® Discount
- ✓ Epocrates Subscription Discount
- ✓ Lendkey Loan Refinancing
- ✓ TSYs Electronic Payments
- ✓ Servis1st Credit card
- ✓ Insurance Programs
- ✓ Retirement Options

### AHP Dues are \$150 annually.

Your contribution is critical to our mission. Over the years, members' dues have helped support thousands of hours of education, the publication of more than 46,000 scientific peer-reviewed journal articles in the *Southern Medical Journal*, and more than \$3.5 million in financial support through scientific research grants, loans, and scholarships.

#### Key Benefits for Allied Health Professionals:

- AirMed - Medical Evacuation service, at no additional cost
- *Southern Medical Journal* online subscription
- Access to Member Connect - Private online community of SMA Members sharing ideas, practice issues and support





**ALLIED HEALTH PROFESSIONAL MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Degree (s) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Practice/Hospital/Group Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender:  M  F

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Info: State: \_\_\_\_\_ License # \_\_\_\_\_ Specialty: \_\_\_\_\_

Reason for Joining: \_\_\_\_\_

**Communication Preference Opt-In**

I authorize SMA to contact me through the following channels:

Email  Mail  Phone  Fax # \_\_\_\_\_  Text Cell # \_\_\_\_\_

**SMA Allied Health Professional Membership (One Year) \$150.00**

Check (Made payable to SMA)  Visa  Mastercard  Discover  AMEX

**Payment Information:**

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address is the same as the Primary Address listed above.

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Southern Medical Association Member Benefits Package**

**Please check the boxes to indicate the plans you want to learn more about**

Commercial Insurance		Employee Benefits		Education		Practice Management	
Medical Malpractice	<input type="checkbox"/>	Major Medical (Group)	<input type="checkbox"/>	CME Accreditation Services	<input type="checkbox"/>	Virtual Primary Care (Telemedicine)	<input type="checkbox"/>
Cyber Liability	<input type="checkbox"/>	Short Term Medical (Individual)	<input type="checkbox"/>	<i>Southern Medical Journal</i>	<input type="checkbox"/>	Dell Computer	<input type="checkbox"/>
Directors and Officers	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Annual Scientific Assembly	<input type="checkbox"/>	Epocrates	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	Dental	<input type="checkbox"/>	Physician-In-Training Competitions	<input type="checkbox"/>	Reception Room Magazines	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Online CME	<input type="checkbox"/>	Website Development	<input type="checkbox"/>
Crime	<input type="checkbox"/>	Voluntary Worksite Benefits	<input type="checkbox"/>	Clinical and Business Podcasts	<input type="checkbox"/>	Payroll Management	<input type="checkbox"/>
Business Owners Policy	<input type="checkbox"/>	Investments - IRA/Annuities	<input type="checkbox"/>			Identity Theft	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	TPA Services - 401K Administration	<input type="checkbox"/>				
Equipment / Inland Marine	<input type="checkbox"/>	Identity Theft	<input type="checkbox"/>				
Business Auto	<input type="checkbox"/>	Life (Group) Guarantee Issue Offering	<input type="checkbox"/>				
Hired and Non-Owned Auto	<input type="checkbox"/>	Life (Individual)	<input type="checkbox"/>				
Excess Liability / Umbrella	<input type="checkbox"/>	Short Term & Long Term Disability	<input type="checkbox"/>				