

SUPPLEMENT TO
PREHOSPITAL
and
DISASTER
MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe

Volume 10, Number 4, Supplement 3

October–December 1995

**ABSTRACTS OF
SCIENTIFIC PAPERS**

**THE ELEVENTH ANNUAL CONFERENCE
AND SCIENTIFIC ASSEMBLY
OF THE NATIONAL ASSOCIATION
OF EMS PHYSICIANS**

**29–31 JULY 1995
LOEWS CORONADO BAY RESORT
SAN DIEGO, CALIFORNIA USA**

Abstracts Funded in Part by an Educational Grant
from Physio-Control Corporation

Published by Jems Communications

MEMBERSHIP APPLICATION

APPLICATION FOR MEMBERSHIP TO THE NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP)

FILL OUT ALL INFORMATION & CHECK APPROPRIATE BOXES

NAME _____ TITLE/POSITION _____

(Please check preferred address) BUSINESS ADDRESS HOME ADDRESS

CITY STATE ZIP + 4 CITY STATE ZIP + 4

PROVINCE COUNTRY PROVINCE COUNTRY

PHONE FAX PHONE FAX

EMS ORGANIZATION _____

MEDICAL SPECIALTY (PHYSICIANS) _____

NON-PHYSICIAN PRIMARY MEDICAL SPECIALTY: Paramedic EMT Nurse Research
 Education Student Administrative Physician Assistant

EMPLOYER TYPE: Fire Private Ambulance Hospital 3rd Service Industrial Commercial Other

ARE YOU CURRENTLY AN EMS MEDICAL DIRECTOR? YES NO

If YES, how were you selected to become Medical Director?

Ambulance Service Solicitation Volunteer Medical Community Appointed
 Competitive Application Hospital Appointed Government Appointed
 Other (specify) _____

ENROLL ME IN THE NAEMSP AS A: (PLEASE INCLUDE CURRICULUM VITAE INFORMATION AND/OR RESUME WITH APPLICATION)

FULL MEMBER: (\$195)* Physicians who are engaged in the planning, supervision, teaching or clinical practice of out-of-hospital emergency medical care.

RESIDENT PHYSICIAN **FELLOW** **MEDICAL STUDENT MEMBER: (\$75)*** Resident Physicians or Medical Students interested in EMS. EXPECTED GRADUATION DATE: _____

PROFESSIONAL MEMBERS: (\$75)* Non-physicians who have demonstrated an interest in out-of-hospital emergency medical care and the aims of the Association. (Nurse, EMT, EMT-P, etc.)

In addition to my NAEMSP annual dues, I have enclosed/charged enrollment fees to the NAEMSP Computer Database in the amount of: \$30* MEMBER FEE \$75* MEMBER INSTITUTION FEE

Although I am not interested in NAEMSP membership at this time, I have enclosed/charged enrollment fees to the NAEMSP Computer Database in the amount of: \$100* NON-MEMBER FEE \$200* NON-MEMBER INSTITUTION FEE

I understand the information on the database and bulletin board belongs to the National Association of EMS Physicians (NAEMSP) and should be confirmed with the direct source before clinically applied. I will not hold the NAEMSP or Montefiore Hospital responsible for its content or use.

Please enclose check, money order or credit card information for payment (in U.S. Funds) and return to:

NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP)
230 MCKEE PLACE, SUITE 500 PITTSBURGH, PA 15213
(412) 578-3222

CARD # _____ EXP. DATE _____

SIGNATURE _____ DATE _____

* ADD ADDITIONAL POSTAGE COSTS OF \$15 FOR ALL FOREIGN MEMBERSHIPS AND \$10 FOR ALL CANADIAN MEMBERSHIPS

Your dues include the annual subscription to Prehospital and Disaster Medicine. The subscription rate is \$36 for domestic, \$44 for Canadian and \$53 for foreign memberships.