

Pennsylvania Society of Physician Assistants

[PSPA EMPOWERS PAs TO MAKE A DIFFERENCE IN HEALTHCARE]

What is the PSPA?

Established in 1976, the PSPA is a constituent chapter of the American Academy of Physician Assistants (AAPA) that represents PAs within the Commonwealth of Pennsylvania. Serving PAs, we enhance quality of care to our patients, provide loyal and honest service to the public and medical professionals, and promote professionalism. We advocate for the PA profession in addition to equity and equality in medicine for our PAs and patients.



PSPA offers many membership benefits:

- Monthly newsletters
- Career center resources
- Legislative representation
- Awards and Scholarships
- Networking opportunities
- Student involvement
- Customized merchandise
- Volunteer opportunities
- Board review fee reduction
- Discounted yearly CME conference

Why become a member?

Types of membership:

Fellow

Any NCCPA certified or board eligible PA who is a fellow member in good standing of the AAPA & practices or lives in Pennsylvania.

Affiliate

Any NCCPA certified or board eligible PA who is not an AAPA member and practices or resides in Pennsylvania.

Student

Any student in good standing in a CAHEA, CAAHEP, ARC-PA (or successor agency) approved PA program.

Any student that is contemplating the PA profession as his or her career.

Prospective Student

Any NCCPA certified or board eligible PA who does not practice within Pennsylvania and wishes to maintain membership.

Sustaining

Any US licensed physician who wishes to associate with the PSPA

Physician



APPLY FOR MEMBERSHIP!

Or complete online at www.pspa.net

Name: _____
Home Address: _____
City/State/Zip: _____
Home County: _____
Home Phone: _____
Work Phone: _____
E-mail Address: _____
Type of Membership: _____

Fellow: 1 year- \$150, 2 years- \$285, New Grad- \$75

Affiliate: 1 year- \$150, 2 years- \$285, New Grad- \$75

Student: 1 year- \$30, 2 years- \$50, 3 years- \$75

Sustaining: \$60 Physician: \$100 Prospective Student: \$25

PA Program Attended/Attending: _____

Year of Graduation _____

AAPA Number: _____

State Board Number: _____

NCCPA Number: _____

Practice Setting: _____

Specialty: _____

Payment by: Check or Credit Card

Card Number: _____

Card Exp. Date: _____

Card Holder Name: _____



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Physician Assistants



..... **contact us**

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