Interventional Orthopedics Foundation

MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name:		Gender:	☐ Male ☐ Female
Organization:		Degree(s):	☐ MD ☐ DO ☐ DPM ☐ PhD ☐ Fellow____ ☐ Other:____________
Org Street:			
Org City, State, Zip:		Mobile Number:	
Website:		Physician's State Lic#:	
Phone Number:		Email Contact:	

PROFESSIONAL BACKGROUND

Practice Specialization

- ☐ Physical Medicine & Rehabilitation
- ☐ Family Medicine Sports Medicine
- ☐ Interventional Pain
- ☐ Orthopedics
- ☐ Podiatry
- ☐ Other: ____________________________

Areas of Practice Check as many as applies and provide % of time spent (format for 100% list)

- ☐ _______% Stem cell joint therapy
- ☐ _______% platelet rich plasma treatments
- ☐ _______% spine treatments
- ☐ _______% regenerative medicine
- ☐ _______%
- ☐ _______%

Principal Practice Setting

- ☐ Single Specialty Group
- ☐ Hospital Academic
- ☐ Hospital Community
- ☐ Research
- ☐ Military
- ☐ Multispecialty Group
- ☐ Solo Provider

Organization size:_________________

Topics / Areas of Interest

- ☐ Ankle & Foot
- ☐ Knee
- ☐ Hip
- ☐ Neck
- ☐ Hand & Wrist
- ☐ Low Back
- ☐ Elbow
- ☐ Advocacy
- ☐ Shoulder
- ☐ Business issues
- ☐ Tracking & Outcomes (Registry)

MEMBERSHIP TYPE

☐ **Fellow Member……………………………….$500**
Fellow members are physicians (MD, DO, DPM), or scientists (PhD) who have made extraordinary contributions to the field of interventional orthopedics medicine. Members may apply for Fellow status provided they have been a member of IOF for at least one year. The application will be voted for approval by the majority of the board of directors. Fellows are members who can participate in both the IOF Patient Registry and Wounded Warriors Programs.

☐ **Active Member……………………………….$400**
Active members are physicians (MD, DO, DPM) or scientists (PhD) who dedicate at least a portion of their practice to Interventional Orthopedics Medicine. Active members can participate in both the IOF Patient Registry and Wounded Warriors Programs.

If you would like to take advantage of both the Wounded Warrior Program* and Patient Registry*,please submit and/or respond to the following

THE INFORMATION CONTAINED IN THE APPLICATION IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY PURPOSES OTHER THAN MEMBERSHIP CONSIDERATION.

1. _____Submit a Bone Marrow Course Certification. (If you have not completed a bone marrow course, the registry set-up fee includes tuition to an IOF course).
2. _____Attest that all reinjection procedures including bone marrow and adipose harvest are performed under imaging guidance.
3. _____Attest that the physician uses a 510k approved automated device or Standard Operating Procedures (SOPs), utilizing an in-house laminar flow hood and sterile processing techniques, to isolate a stem cell fraction.
4. _____Attest that cell quantification and viability tests are performed as part of any given stem cell procedure. Cell quantification tests could be a total nucleated cell count or other common metric of cellular content, while cell viability can be assessed using a simple live-dead stain.

☐ **Affiliate Member…………………………………WAIVED**

Affiliate members are physicians (MD, DO, DPM) or scientists (PhD) who are retired from practice who maintain an active interest in Interventional Orthopedics Medicine.

Start date:___________ End date:_________

☐ **Fellow In Training Member………………………..$100**

Members are graduates of Medical Schools (MD, DO, DPM) or enrolled in Ph.D. programs, who are in the process of completing a Fellowship Program Start date:___________ End date:_________ School:_____________________________________

☐ **Medical Student Member………………………..FREE**

Student members are graduates of Medical Schools (MD, DO, DPM) or enrolled in Ph.D. programs, who are in the process of completing graduate medical education programs (internship & residency). Start date:___________ End date:_________ School:_____________

☐ **Organizational Member………………………..$750**

Organizational memberships allow non-profit healthcare providers, educational institutions, government agencies, medical device companies, and others to join IOF as an organization. All employees listed under an organizational membership receive full individual membership benefits. Inclusion in membership distribution and logo placed and our directory page.

PAYMENT INFORMATION

Amount $_____________________

Payment Method: Check #:___________________________________ ☐ Mastercard ☐ VISA ☐ American Express

Make payable to Interventional Orthopedics Foundation

Credit Card #:____ Exp. Date:______________________________

Name on Card:____ CCV #:________________________________

Address for Card:____

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person posessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I hereby release from any laibility Interventional Orthopedics Foundation and any and all individuals for their acts performed in good faith in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for memberhsip in Interventional Orthopedics Foundation for which I now apply.

I hereby agree that Interventional Orthopedics Foundation may verify any of the above data. If approved for membership, I agree to conform to the Wounded Warrior Policy and Patient Registry Database requirements (available upon request), if I choose to participat in these programs.

I hereby understand that my payment today is non-refundable, to cover processing fees and immediate initiation of membership.

Signature:____ Date:________________

PLEASE RETURN YOU APPLICATION TO

Interventional Orthopedics Foundation
403 Summit Boulevard, Suite 104, Broomfield Colorado 80021
FAX: 303-479-2608
Email: info@interventionalorthopedics.org

THE INFORMATION CONTAINED IN THE APPLICATION IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY PURPOSES OTHER THAN MEMBERSHIP CONSIDERATION.