



❖ MEMBERSHIP APPLICATION ❖

GENERAL INFORMATION *(leave inapplicable questions blank)*

Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's Date
Social Security Number	Date of Birth	
Degree <input type="checkbox"/> AA <input type="checkbox"/> RN <input type="checkbox"/> BA/BS <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other:	Nature of Practice <i>(if applicable)</i>	
Relevant Affiliated Organization(s)	Position	
Other Current Memberships <i>(please check all that apply)</i>		
<input type="checkbox"/> American Medical Association	<input type="checkbox"/> County Medical Society	
<input type="checkbox"/> State Medical Association	<input type="checkbox"/> Other (specify: _____)	

CONTACT INFORMATION

HOME		
Street Address/P.O. Box	Apt./Ste.	
City	State/Province	Zip
Home Phone	Home Fax	
Cell Phone	Email	
WORK		
Employer/Organization	Position	
Street Address/P.O. Box	Apt./Ste.	
City	State/Province	Zip
Office Phone	Office Fax	
Website	Business Email	
Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax	Doctors' contact information will appear on the AACM website's "MD Registry" tool. If you DO NOT wish for your contact information to be included, please check the appropriate box(es): <input type="checkbox"/> "Members Only" Access Directory <input type="checkbox"/> Public Access Directory	

LICENSING & CERTIFICATION *(leave inapplicable questions blank)*

BOARD CERTIFICATION			
Board Name	City / State	Exp. Date	[STAFF USE]
			<input type="checkbox"/>
			<input type="checkbox"/>

MEDICAL LICENSE(S)					
State <i>(current first)</i>	License Number	Exp. Date	Active?	Limited?	[STAFF USE]
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION					
State <i>(current first)</i>	DEA Number		Exp. Date	[STAFF USE]	
				<input type="checkbox"/>	
NATIONAL PROVIDER IDENTIFIER (NPI) REGISTRATION					
State <i>(current first)</i>	NPI Number	Entity Type	Exp. Date	[STAFF USE]	
				<input type="checkbox"/>	

GENERAL EDUCATION & EXPERIENCE *(leave inapplicable questions blank)*

COLLEGE/UNIVERSITY	CITY / STATE	DATE(S)	DEGREE
→ UNDERGRADUATE SCHOOL(S)			
→ MEDICAL SCHOOL(S)			

INSTITUTION	ORGANIZATION	LOCATION	DATE(S)
→ INTERNSHIP(S)			
→ RESIDENCY TRAINING			
→ FELLOWSHIP PROGRAM			
→ FACULTY APPOINTMENT(S)			

CONTINUING MEDICAL EDUCATION (CME) UNITS IN CANNABINOID MEDICINE				
[STAFF USE]	Conference*	City & State	Date(s)	CME Units
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
TOTAL number of Cannabinoid Medicine CME credits completed IN LAST 4 YEARS:				
<small>*see examples of accredited CME events at end of application</small>				

CANNABINOID MEDICINE EXPERIENCE

- Do you currently practice cannabinoid medicine? Yes No *(skip to next section)*
- What year did you start performing medical marijuana evaluations? _____
- Do you advertise? No Yes *(If "yes," please submit examples.)*
- How many medical marijuana patients do you see in an average day? _____
- Do you regularly take walk-in medical marijuana patients? No Yes
- Of all REQUESTED medical marijuana...
 - ...appointments, what percentage do you *actually* evaluate? _____%
 - ...recommendations, what percentage do you *actually* give recommendations to? _____%
- Approximately how many medical marijuana evaluations have you performed? _____
- Approximately how long are your initial visits with medical marijuana candidates? _____ minutes
- Do you customarily take medical marijuana patients under the age of...
 - ...18? Yes No: Under what circumstances do/might you make exceptions? _____
 - ...21? Yes No: Under what circumstances do/might you make exceptions? _____
- Have you ever testified in court for a marijuana case? No Yes *(explain below)*
 - If yes, how many times? _____ Do you testify on a regular basis? No Yes
- Have you ever written a letter to Child Protective Services regarding a medical marijuana patient?
 - If yes, how many times? Under what conditions? _____
- Do you have a formal relationship with any dispensary? No Yes *(explain below)*
 - Please explain: _____
- Other past or current involvement in cannabinoid medicine: _____

PROFESSIONAL INTERESTS

SPECIALTY/AREA OF PRACTICE: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Physical Medicine |
| <input type="checkbox"/> General/Family | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other (specify: _____) |

AREAS OF PROFESSIONAL INTEREST: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Cannabinoid Medicine in the Criminal Justice System | <input type="checkbox"/> Legislative Advocacy |
| <input type="checkbox"/> Cross-Cultural Clinical Concerns | <input type="checkbox"/> Pharmacological Issues |
| <input type="checkbox"/> Developing Residencies and Fellowships | <input type="checkbox"/> Policy Development Guidelines |
| <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Practice Guidelines |
| | <input type="checkbox"/> Treatment Criteria (results, measurement) |

RELEVANT RESEARCH, ARTICLES, ETC:

AACM MEMBERSHIP

Membership Level	Dues	Requested	Approved
Associate: <i>Doctor or PhD who follows AACM practice and ethical guidelines</i>	\$150	<input type="checkbox"/>	<input type="checkbox"/>
Member: <i>Doctor or PhD who meets above criteria, plus has two years practice of or research in cannabinoid medicine and meets CME requirements</i>	\$150	<input type="checkbox"/>	<input type="checkbox"/>
Diplomat: <i>Doctor or PhD who meets all of above criteria, plus passed the AACM Diplomat Certification Test</i>	\$150	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary:		<input type="checkbox"/>	<input type="checkbox"/>
Student: <i>Medical or doctoral student</i>	\$50	<input type="checkbox"/>	<input type="checkbox"/>
Emeritus: <i>Retired physician or PhD doctor</i>	\$50	<input type="checkbox"/>	<input type="checkbox"/>
Supporter: <i>Non-physician, researcher or student supporter</i>	\$50+	<input type="checkbox"/>	<input type="checkbox"/>

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Mailing
<input type="checkbox"/> Internet (specify: _____)
<input type="checkbox"/> Media (specify: _____)
<input type="checkbox"/> Member (specify: _____)
<input type="checkbox"/> Referral (specify: _____)
<input type="checkbox"/> Other (specify: _____)

ANY ADDITIONAL NOTES:

→ Please **email, fax or mail** completed application to: **American Academy of Cannabinoid Medicine**
 7394 Calle Real, Ste. C
 Goleta, CA 93117

P: (805) 961-9988 | F: (805) 961-9966
 info@aacmsite.org | www.aacmsite.org

EXAMPLES OF ACCREDITED CME EVENTS

Below, please see examples of accredited CME events. Accredited events should include details about the event's organizing entity (e.g. UCSF School of Medicine, Patients Out of Time), dates and location. It should also specify the amount/type of CME credits offered and the accrediting organization, such as American Council for Continuing Medical Education (ACCME) or CME Consultants.

NOTE: CME Credits submitted toward AACM Diplomat membership must be pertinent to cannabinoid medicine. Submitted events will be reviewed by the AACM for credentials and relevancy.

The Sixth National Clinical Conference on Cannabis Therapeutics

Organized by the School of Medicine, University of California at San Francisco (UCSF)

April 15 - 17, 2010 | Crowne Plaze Hotel in Warwick, RI

Accreditation: "UCSF is accredited by the AACME to provide continuing medical education for physicians."

CME Credits: "UCSF designates this educational activity for a maximum of 10 AMA PRA Category 1 Credits™. [...] Nurses and other healthcare providers will earn 1 contact hour for each CME or a total of 10 contact hours."

www.medicalcannabis.com/Clinical-Conferences/2010-upcoming-conference

Psychedelic Science in the 21st Century

Organized by Multidisciplinary Association for Psychedelic Studies (MAPS)

April 15-18, 2010 | San Jose, California

Accreditation: "Track 1, the continuing medical education (CME) track, is accredited by CME Consultants."

CME Units: "Medical doctors and healthcare professionals who register at the medical doctor or healthcare professional rate can earn CME/CE credit by attending the talks in Track 1."

www.maps.org/conference

2010 San Francisco: 41st Annual Medical-Scientific Conference

Organized by American Society of Addiction Medicine (ASAM)

April 15-18, 2010 | Marriott Marquis in San Francisco, CA

Accreditation: "ASA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians."

CME Credits: "The American Society of Addiction Medicine (ASAM) designates this educational activity for a maximum of 18AMA PRA Category 1 Credits™."

www.asam.org/