



APMA ANNUAL  
SCIENTIFIC MEETING  
NASHVILLE | JULY 13-16, 2023

# PODIATRIC MEDICAL ASSISTANT MEETING REGISTRATION FORM

Use this form to register for The National, or register online at [www.apma.org/thenational](http://www.apma.org/thenational). The meeting is being provided in-person only.

See the reverse side of this form for a separate registration, schedule, and fee for the clinical, administrative, and radiology review courses and certification examinations offered by the American Society of Podiatric Medical Assistants in conjunction with The National.

## YOUR INFORMATION

Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_

Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_

Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_

DPM Employer \_\_\_\_\_ APMA Member? Yes No

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## ANNUAL SCIENTIFIC MEETING REGISTRATION FEE

(Check appropriate amount)

	Early-Bird Rate (Until March 31)	Regular Rate (April 1-July 11)	On-Site Rate (After July 11)
Each Assistant	\$149	\$199	\$249

Number of assistants registered \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

(Note: Assistants' examination fees must be paid separately and may not be included in this total.)

## PAYMENT

Total Registration Amount \$ \_\_\_\_\_

Registration will not be processed unless accompanied by full payment.

Payment type (check one):

Check enclosed in US dollars (payable to APMA, Inc.)

MasterCard VISA American Express Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Day Phone of Cardholder \_\_\_\_\_

**IMPORTANT! Please check the box below to indicate your agreement to APMA's meeting policies. Your registration will not be processed if this box is not checked.**

By registering for this meeting, I agree to all of APMA's registration and meeting policies listed at [www.apma.org/TheNationalPolicies](http://www.apma.org/TheNationalPolicies).

## EMERGENCY CONTACT

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## ADDITIONAL INFORMATION

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please describe:

### MAIL, EMAIL, OR FAX YOUR COMPLETED REGISTRATION TO:

American Podiatric Medical Association  
9312 Old Georgetown Road, Bethesda, MD 20814-1621  
Fax: 301-530-2752 | Email: [registration@apma.org](mailto:registration@apma.org)



APMA ANNUAL  
SCIENTIFIC MEETING  
NASHVILLE | JULY 13-16, 2023

# AMERICAN SOCIETY OF PODIATRIC MEDICAL ASSISTANTS (ASPMA)

2023 COMPREHENSIVE REVIEW COURSES AND  
CERTIFICATION EXAMINATIONS

## THE ASPMA COMPREHENSIVE REVIEW COURSES

The review courses and examinations are given in three categories: clinical, administrative, and radiology. These courses are “closed” courses offered only to ASPMA members who have preregistered to sit for the certification examinations. For more information on becoming a member of ASPMA, visit [www.aspma.org](http://www.aspma.org) and click on “Membership.”

The review courses are on **THURSDAY, JULY 13, as follows:**

- 8:00 a.m.–2:00 p.m. Clinical/Administrative
- 2:00–5:00 p.m. Radiology

The examinations are on **FRIDAY, JULY 14, at 8:00 a.m.**

The examination options are:

- Administrative
- Clinical
- Radiology
- Clinical and Radiology.

Examination confirmations will be checked for verification.

## TO REGISTER FOR THE ASPMA CERTIFICATION EXAMINATIONS

ASPMA members are required to submit the completed registration form to the right and the examination fee, postmarked on or before June 13. A late fee will be added for those registering after the deadline. Only ASPMA members are eligible to attend the courses and sit for the certification examinations.

**You must also be registered for the Assistants’ Educational Program at the APMA 2023 Annual Scientific Meeting (The National) to be eligible to take the examinations.**

## STUDY MANUALS

As soon as you register to take the examination(s), the study manual(s) will be shipped to you.

### Administrative Examination

The fee includes *The Comprehensive Guide to Podiatric Medical Assisting Administrative*, 1st edition.

### Clinical Examination

The fee includes *The Comprehensive Guide to Podiatric Medical Assisting*, 6th edition.

### Radiology Examination

The fee includes *Radiology for the Podiatric Practice*, 2nd edition.

Please complete the form below and mail with your check made payable to ASPMA Qualifying and Examining to:

ASPMA | Karen Keathley, PMAC, PRAC  
109 South First Street | Itasca, IL 60143-2114  
Phone: 888-88ASPMA

A \$25.00 fee will be charged for all returned checks.

## YOUR INFORMATION

ASPMA Member Name

ASPMA Membership Number

Which Examination(s) You Will Take (Clinical, Administrative, Radiology; or Both Clinical and Radiology)

DPM Employer

Office Address

City/State/Zip Code

Office Phone

Mobile Phone (Required)

Fax (Required)

Email (Required)

## CHECKLIST FOR REVIEW COURSES AND CERTIFICATION EXAMINATIONS

- Completed form
- \$400 **Administrative** examination fee
- \$450 **Administrative** examination fee\*
- \$400 **Clinical** examination fee
- \$450 **Clinical** examination fee\*
- \$400 **Radiology** examination fee
- \$450 **Radiology** examination fee\*

\*Includes \$50 late fee if postmarked after June 13.