

AOEC CLINIC MEMBERSHIP APPLICATION FORM

_____ NEW Membership

_____ Renewal / Update (for Associate Clinics)

1. Person completing form:
 - a. Full name:
 - b. Email:
 - c. Phone:
2. Clinic Name:
3. Clinic Website:
4. Clinic Address (including Department, if applicable):

5. Year Founded:
6. Primary contact (if different than person filling out form)
 - a. Full name:
 - b. Email:
 - c. Phone:
7. Does your clinic have on-site at least one staff physician with expertise in occupational and environmental medicine? ___
Yes Yes ___ No
 - a. If yes, is this physician board certified in occupational medicine? Yes ___ No ___
8. Please provide a short description of your clinic, the services provided, and the most common occupational and environmental injuries, illnesses and/or diagnoses seen:

9. Please note what insurance is accepted in your clinic, such as workers' compensation, Medicare, Medicaid, self-pay, and whether or not you see patients who are unable to pay for services.

FOR NEW Clinic Applicants: We will contact you within 1-2 weeks of receiving this application to continue the application process. If you have not heard from us, please email at aoec@aoec.org; or phone 202-347-4976.

FOR ASSOCIATE Clinic renewals: Please check here [if you would like to be reconsidered for Full AOEC Clinic Membership](#). If so, we will contact you within 1-2 weeks of receiving this application to continue the application process. If you have not heard from us, please email aoec@aoec.org; or phone 202-347-4976.