Email Subject Line:
Request: Coverage for AAPA Membership

Dear **[Supervisor],**

To assist in [your facility]’s goal of providing our patients with high-quality medical care, I would like to ask for your financial support in becoming a [*select one*: Fellow Professional / Fellow Plus / Fellow Premium] member of the American Academy of Physician Associates (AAPA).

Fellow membership in the national professional society for PAs would allow me to gain exclusive access to **clinical news, specialty CME, medical innovations, updates on state PA laws and regulations and scope of practice information** – all of which would benefit our patients and medical practice.

AAPA’s [*select one*:Fellow Professional / Fellow Plus / Fellow Premium]membership is just [*select one*:$295 / $495 / $995 annually] and includes the following benefits to help me stay current in medicine and continue to provide the highest-quality medical care to our patients:

*[Select your preferred membership type below, then delete the two other options.]*

**Fellow Professional Membership** ($295 annually)

* Subscription to ***JAAPA* medical journal** and free monthly CME post-tests ($732 value\*)
* Resources on **state PA laws and regulations**, scope of practice, and reimbursement
* 45+ credits of **AAPA Category 1 CME included in membership**
* Discounted **specialty CME on Demand**
* Discounted **AAPA Conference on Demand CME package**
* Discounted registration to the national **AAPA Conference**
* **Members-only online community** to network and share best practices

**Fellow Plus Membership** ($495 annually)

* Subscription to ***JAAPA* medical journal** and free monthly CME post-tests ($732 value\*)
* Resources on **state PA laws and regulations**, scope of practice, and reimbursement
* 295+ credits of **AAPA Category 1 CME included in membership**
* Discounted **AAPA Conference on Demand CME package**
* Discounted registration to the national **AAPA Conference**
* **Members-only online community** to network and share best practices

**– AND –**

* **Specialty** **CME on Demand valued at more than $5,000\*** including [*select one or more related to your area of practice*: [Adult Hospital Medicine Boot Camp on Demand, Executive Leadership on Demand, Family Medicine on Demand, Fluoroscopy Test Preparatory Course, Leadership and Advocacy Summit on Demand, Musculoskeletal Galaxy on Demand, Physician Assistants in Orthopaedic Surgery on Demand]

**Fellow Premium Membership** ($995 annually)

* Subscription to ***JAAPA* medical journal** and free monthly CME post-tests ($732 value\*)
* Resources on **state PA laws and regulations**, scope of practice, and reimbursement
* 400+ credits of **AAPA Category 1 CME included in membership**
* **Members-only online community** to network and share best practices

**– AND –**

**Specialty** **CME on Demand valued at more than $5,000\*** including [*select one or more related to your area of practice*: [Adult Hospital Medicine Boot Camp on Demand, Executive Leadership on Demand, Family Medicine on Demand, Fluoroscopy Test Preparatory Course, Leadership and Advocacy Summit on Demand, Musculoskeletal Galaxy on Demand, Physician Assistants in Orthopaedic Surgery on Demand]

**– PLUS –**

* **AAPA Conference on Demand CME package** featuring CME sessions from the national conference($1,099 value\*)
* **In-person registration to the national AAPA Conference** for high-quality CME, peer-to-peer networking, and the latest medical devices and innovations ($1,050 value\*)\*\*

I am committed to applying the clinical skills, medical knowledge, and PA practice information available to me via this membership to our work here at [insert your facility].

Thank you for your consideration in providing financial support for my AAPA membership. I have attached an [invoice](https://info2.aapa.org/FellowInvoice?utm_source=invoice&utm_medium=letter&utm_content=reimbursement)for your payment, which can be mailed to AAPA for processing, or you can contact Customer Care for at 703-836-2272 (option 1), Monday through Friday, 9 a.m. to 5 p.m. ET to process the payment over the phone.

Sincerely,

[Insert your name, title, credentials, and signature]

AAPA reserves the right to modify its membership tiers, benefits, programs, or any aspect of the offering at any time.

\*Values based on nonmember rates.

\*\*Fellow Premium members attending the conference must book in the official AAPA hotel block for a minimum two-night stay during registration to receive the advertised complimentary conference rate. Premium members attending the conference that do not book in the official AAPA hotel block will be charged an additional $200 registration fee.