



You're Invited to Join NYSSPA Today!

Become a Student Member for the duration of your student enrollment for ONLY \$60

WHY JOIN?

As a member you will have access to valuable information from NYSSPA. Access to the Members Only Section of the NYSSPA website will provide you information on scholarships, important legislative issues that will affect your future practice, employment postings, conference registration with early bird specials and networking opportunities.

By including your involvement in NYSSPA on your resume you show dedication to your profession and it is a great way to separate yourself from the field.

HOW DOES NYSSPA IMPACT ME?

NYSSPA supported and was instrumental in getting legislation passed to allow PA students to participate in clinical rotations. NYSSPA monitors legislative issues in the state that affect PAs and PA programs and continues to work on legislative initiatives. Remember you will not be a student forever and being a NYSSPA Student Member will keep you informed about current legislative issues that will affect your practice as a new graduate PA.

NYSSPA's Significant Accomplishments

- Successful lobbying for and passage of the Re-statement of Physician Assistant Practice Act
 - Successfully lobbied for the legislative removal of the 24-hour Counter-Signature Requirement for PA's
- Secured DEA Licensure for the PA privilege to prescribe Schedule II-V Medications
 - Protected Physician Assistants' rights to First Assist in surgery
- Obtained Licensure for Physician Assistants from the Department of Education
 - Awarded over \$60,000 in PA student scholarships over the past decade
 - Supported appointment of a PA Representative on the board of the OPMC

Join NYSSPA today! ~ www.nysspa.org



NYSSPA Student Membership Application

New Student

First/Middle/Last Name _____

Address/Street _____

City _____ State _____ Zip _____ County/District _____

Home Phone _____ Home E-mail _____

Cell # _____ AAPA# (if applicable) _____

PA Program currently attending _____ Graduation Date _____

Please do not list me in the membership directory.

Please indicate your interest in serving on a Committee(s)

Committee on Diversity Conference Planning Elections Finance

Government Affairs Judicial Affairs Membership Newsletter

Professional Relations Public Education Reimbursement Scholarship

Student Affairs Surgical Caucus Website

Dues Payment-Valid For the Duration of Student Enrollment

Please note that a portion of your dues will be used to support legislative lobbying efforts on behalf of NYSSPA and all New York State Physician Assistants.

Dues Amount \$ 60.00

Total: \$ 60.00

If paying by check, please make check payable to NYSSPA and mail to:

NYSSPA, 100 North 20th Street, Suite 400, Philadelphia, PA 19103

Credit card payments can be faxed to NYSSPA at (215) 564-2175.

Visa MasterCard Amex

Card # _____ Exp Date _____ Security Code _____

Signature _____