



**Association of Standardized Patient Educators  
Membership Application**

New  
 Renewal

ASPE Membership is one year from date of enrollment

Name (Prefix, First, Middle Initial, Last)		Suffix, Degree(s) and/or Designation(s)
Institution	Department	Position
Primary /Work Address		
City/State/Zip		
Primary Work Phone	Fax	Web Address
Primary Email Address - <i>By providing your email address, you agree to accept valuable member information sent electronically.</i>		
Secondary Email Address		
Primary Discipline	Secondary Discipline	
Other areas of expertise? (*Select from choices on reverse of this application and enter in this space):		
How did you hear about ASPE?		
Would you like to be listed in our Online Member Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**MEMBERSHIP CATEGORIES:** Members have the option of joining under one of the following categories – **Please check (✓) one:**

<b>Individual – membership owned by member</b>	<b>\$135 USD</b>
<i>Annual Dues run one year from date of enrollment</i>	
<b>Institutional – membership owned by school</b>	<b>\$135 USD</b>
<i>Up to five persons @ \$135 per person – please complete one application per person and submit one check for all members from the Institution. Institutions may have one (1) individual person entered for each membership slot they purchase. The Institutional Membership is transferable within the Institution one time per year. It is the responsibility of the Institution to notify ASPE of the individual persons registered annually, and to notify ASPE in writing of any changes during the current membership year. ___(✓) Check here if this is a transfer of membership and show name of individual from whom membership is transferred:</i>	
<b>Affiliate Membership - Individual</b>	<b>\$110 USD</b>
<i>Please enter discount code: _____</i>	
<i>Members, who have obtained the code distributed by SSH, please place the code in the space above.</i>	
<b>Lifetime</b>	<b>\$1,000 USD</b>
<i>After initial payment of \$1000, Lifetime Members need only verify their contact information each year and will receive a renewal notice for that purpose. No further dues payment is required after initial payment.</i>	
<b>Developing Countries</b>	<b>\$10 USD</b>
<i>Annual Dues run one year from date of enrollment – This category is based on THE WORLD BANK Developing Country Listing</i>	
<b>SP</b>	<b>\$75 USD</b>
<i>Annual Dues run one year from date of enrollment – This category is for Standardized Patients</i>	

**PAYMENT INFORMATION:** Total amount enclosed/authorized to charge or invoice: \$ \_\_\_\_\_

Check enclosed # \_\_\_\_\_  
 Invoice my institution via email: \_\_\_\_\_  
 Credit Card Payment:  American Express  MasterCard  Visa  
 Account # \_\_\_\_\_ CVV Code \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Cardholder Name: \_\_\_\_\_  
 Cardholder's Address: \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_

**Please return application and payment to:** ASPE Headquarters, 222 S. Westmonte Dr, #111, Altamonte Springs, FL 32714  
 Fax (for credit card payments only): 407-774-6440 • Questions - please call 407-774-7880 • www.aspeducators.org

PLEASE NOTE: Contributions or gifts to an association are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible as an ordinary and necessary business expense. By joining ASPE, I agree to receive information from the association via email.

## **Demographic Information**

Gender:

- Female
- Male
- Non-binary/third gender
- Prefer not to say
- Prefer to self-describe\_\_\_\_\_

Pronouns:

- She/Her/Hers
- He/Him/His
- They/Them/Their
- Prefer to self-describe\_\_\_\_\_

Do you identify as transgender? (Transgender is an umbrella term that refers to people whose gender-identity, expression, or behavior is different from those typically associated with their sex assigned at birth. Other identities considered to fall under this umbrella can include non-binary, gender fluid, and genderqueer – as well as many more.<sup>1</sup>)

- Yes
- No
- Prefer not to say

Racial Identity (*Please check all that apply*)

- East Asian
- South Asian
- Middle Eastern or North African
- Black/African
- White/Caucasian
- Hispanic/Latino
- First Nations/Native American
- Pacific Islander
- Prefer not to say
- Prefer to self-describe\_\_\_\_\_

Ethnic Identity: Please self-describe\_\_\_\_\_ (examples: Puerto Rican, German, Thai, Persian, etc.)

## **Areas of Expertise Selections** (*Please check all that apply*)

- Abstract Development/Writing
- Administration GTA/MUTA program
- Administration of SP program (logistics, budgets, etc)
- Application of SP Methodology outside of healthcare
- Assessment design, administration and implementation
- Case development
- Checklist development reliability and validity
- Curriculum application of GTA/MUTAs
- Data collection and analysis
- Debriefing learners
- Designing Communication curricula integrating SPs
- Faculty Development
- General Curriculum Design integrating SPs
- Grant Writing
- GTA/MUTA Training
- Hybrid simulations
- Research
- Simulation Center Design
- SP Feedback Training
- SP Training
- Specialty Roles (Palliative Care, Domestic Violence, IPE, Disabled, teams, etc)
- Starting a GTA/MUTA program
- Starting SP Programs
- Teaching with SPs – design and implementation
- Train the Trainer (SP Educator)
- Other – list: \_\_\_\_\_

ASPE is a resource for educators seeking SP Methodology information and/or SP Educators who are willing to assist them. In our membership database, we want to identify qualified speakers and/or SP Educators who are interested in assisting their peers and colleagues with inquiries (i.e., how do I develop an SP Program?) and/or are interested in presenting at the ASPE Annual Conference.

Are you interested in being part of a shared database used to assist those who contact ASPE with inquiries?

- Yes
- No