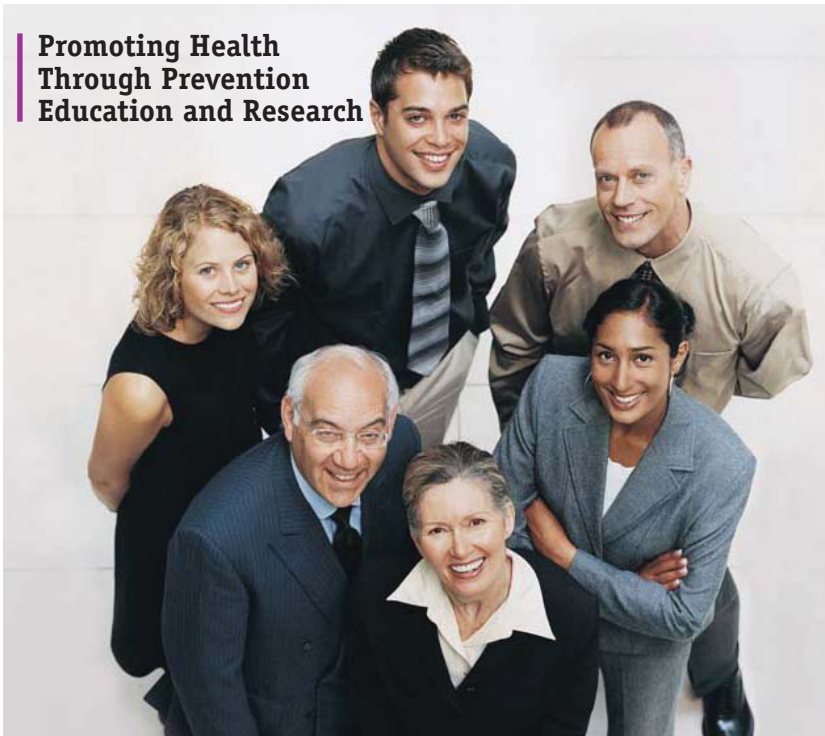


Promoting Health Through Prevention Education and Research



→ About APTR

The Association for Prevention Teaching and Research is the professional organization representing accredited and emerging graduate public health programs, medical and health professions faculty, and students dedicated to interprofessional prevention education and research.

APTR advances population-based and public health education, research and service by linking and supporting members from across the academic prevention community and develops curricular resources, professional development programs, and tools for its diverse membership.

→ How Do I Join?

Enhance your knowledge and expertise, join today! Simply visit www.aptrweb.org/join. You can also request an application by calling toll-free (866) 520-APTR.

→ Council of Graduate Programs in Public Health

The Council facilitates collaboration and partnerships among leadership of the diverse public health programs and provides resources and information unavailable elsewhere. By joining the over 75 public health programs that make-up the Council, your program will become part of a network that provides programs with a unified voice to influence decisions at the National level that directly affect academic public health.

→ Graduate Program

Membership is open to graduate programs in public health not affiliated with a school of public health who have been granted full or applicant status by the Council on Education for Public Health (CEPH). Program members will:

- Appoint four (4) voting members to the Council of Graduate Programs in Public Health: one key faculty contact and three (3) additional program representatives where at least one member is the program director and one member is serving as an administrative representative.
- Nominate five (5) regularly enrolled graduate students for student membership.

EACH REPRESENTATIVE RECEIVES:

Complimentary subscriptions to:

- *American Journal of Preventive Medicine*
- APTR News Now!
- Notices of importance to Graduate Public Health Programs
- Funding Eligibility
- APTR Quarterly

EACH STUDENT MEMBER RECEIVES:

- APTR News Nows
- Training and career opportunity notices
- Access to student-related activities and programs

Students should visit the APTR website and join using the online application or contact APTR.

→ Associate Graduate Program

Membership is open to graduate programs in public health not affiliated with a school of public health who have not yet been granted full or applicant status by the Council on Education for Public Health (CEPH). Associate program members will:

- Appoint two (2) voting members to the Council of Graduate Programs in Public Health: one key faculty contact and one additional program representative.

EACH REPRESENTATIVE RECEIVES:

Complimentary subscriptions to:

- *American Journal of Preventive Medicine*
- APTR News Now!
- Notices of importance to Graduate Public Health Programs
- Funding Eligibility
- APTR Quarterly



www.aptrweb.org





2012 GRADUATE PROGRAM MEMBERSHIP APPLICATION

INSTITUTION INFORMATION

Institution: _____
 Department: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Website: _____

Is your program accredited by the Council on Education for Public Health-CEPH? Yes No, in Applicant Status No

PRIMARY CONTACT This person will be the primary contact for renewals and other business related activities

Dr. Mr. Ms. Mrs. Other _____ Department Chair Program Director
 First Name: _____ Last Name: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Phone: _____ Fax: _____ Personal/Mobile: _____

Second Representative

Dr. Mr. Ms. Mrs. Other _____ Department Chair Program Director
 First Name: _____ Last Name: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Phone: _____ Fax: _____ Personal/Mobile: _____

Third Representative

Dr. Mr. Ms. Mrs. Other _____ Department Chair Program Director
 First Name: _____ Last Name: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Phone: _____ Fax: _____ Personal/Mobile: _____

Fourth Representative

Dr. Mr. Ms. Mrs. Other _____ Department Chair Program Director
 First Name: _____ Last Name: _____
 Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Phone: _____ Fax: _____ Personal/Mobile: _____

PAYMENT INFORMATION

\$875.00
 Payment: Visa MasterCard Check Enclosed *Checks payable to "APTR." \$15 fee for non-U.S. bank check*
 Card #: _____ Exp. Date: _____
 Cardholder Name: _____ Signature: _____
 Contact Phone: _____

Return membership application to:

APTR | Attn: Member Services | 1001 Connecticut Avenue, NW Suite 610 | Washington, DC 20036 or Fax: 202.463.0555