

2009-2010 CASPR/COTH INVOICE FORM

Date Invoice Number (CASPR ID # & "2010")

Full Name of Hospital OR Official CPME Residency Program Name

Podiatric Residency Program Director

Hospital Address City State Zip Code + 4

COTH: Membership in the American Association of Colleges of Podiatric Medicine (AACPM) and its Council of Teaching Hospitals (COTH) entitles one to all the rights and privileges in the Association's Constitution and Bylaws, and participation in any of the member services provided by AACPM including CRIP. Membership is by institution, not by individual residency program.

COTH ANNUAL DUES: \$500.00 (Membership year - July 1 through June 30)

CASPR: The Council on Podiatric Medical Education's January 2003 CPME: 320 document, Requirement 3.3 states, "The sponsoring institution shall participate in a national resident application matching service." Participation in the CASPR program is a stand-alone service of AACPM and does not require membership in the Council of Teaching Hospitals (COTH) or participation in the Centralized Regional Interview Program (CRIP). CASPR participation is by program rather than institution.

CASPR REGISTRATION FEES: \$450.00 – 1ST program + \$250 per additional program

Please select one of the following options:

- We wish to participate in the 2010 CASPR cycle and continue our COTH membership - \$950
- We wish to participate in CASPR but DO NOT want to continue our COTH membership - \$450

Please make checks payable to "AACPM". Credit card payments (Visa or MasterCard) can be made by contacting the CASPR office or on the CASPRweb.org site (requires password). Fees are not refundable.

Fees are due upon receipt but must be received no later than June 2, 2009 for the program to be published in the 2010 CASPR Directory on June 5th. Programs submitting payment after June 2nd will be added to the Directory on a monthly basis.