

Dear Member,

Thank you for renewing your membership. As part of your renewal process you have the option of designating a specialty to be used for the referral system. If you would like to designate a specialty, please write down your name and membership number at the bottom of this form, fill in your specialty code(s) {limit 3}, and then return this form to us with your dues payment.

Thank you.

A	Allergy	FT	Family Therapy	OTO	Otolaryngology
ADD	Addictions	G	Gynecology	P	Psychiatry
ADL	Adolescent Medicine	GD	General Dentistry	PAL	Palliative Medicine
AM	Aerospace Medicine	GA	Gastroenterology	PD	Pediatrics
ANES	Anesthesia	GER	Geriatrics	PDT	Podiatry
ANX	Anxiety	GP	General Practice (in their own profession)	PEM	Pediatric Emergency Medicine
BM	Behavioral Medicine	GPM	General Preventative Medicine	PER	Periodontia
C	Cardiovascular Disease	HYP	Hypnotherapy	PH	Public Health
CA	Child Abuse	IM	Internal Medicine	PNM	Pain Management
CBT	Cognitive Behavioral Therapy	IND	Industrial Medicine	POD	Pedodontia
CD	Chemical Dependency	IND	Industrial Medicine	PR	Proctology
CHP	Child Psychology	LCSW	Licensed Clinical Social Work	PSY	Psychology
CLP	Clinical Psychology	LPC	Licensed Professional Counselor	PTH	Post Trauma Healing
COL	Counseling	MFT	Marriage, Family Therapy	PTSD	Post Trauma Stress Disorder
CRP	Chiropractic Medicine	N	Neurology	PUL	Pulmonary Disease
D	Dermatology	NUS	Nursing	R	Radiology
DC	Chiropractic Medicine	OB	Obstetrics	REH	Rehabilitation
DD	Dissociative Disorders	OM	Occupational Medicine	S	Surgery
EM	Emergency Medicine	ON	Oncology	SA	Sexual Abuse
FO	Forensic	OPH	Ophthalmology	SLE	Sleep Medicine
FMP	Family, Marriage Psychology	ORS	Orthopedic Surgery	SIP	Speech/Language Pathology
FP	Family Practice	ORD	Orthodontia	SM	Stress Management
		OS	Oral Surgery	ST	Sexual Trauma
		OSM	Sports Medicine	TS	Thoracic Surgery
				U	Urology

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_      Speciality Codes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_