



**American Osteopathic College of Occupational and Preventive Medicine**

**2026 Database Update**

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| Name  | Credentials  | AOA# |
|---|--|------|
| <p align="center"><b>**Preferred Mailing Address</b></p> <p align="center">Is this address your <input type="checkbox"/> Home or <input type="checkbox"/> Office?</p>   |  |      |
| <p align="center"><b>Please share your time and talent by serving on AOCOPM committees:</b></p> <p><input type="checkbox"/> Basic Course in Occupational &amp; Environmental Medicine Faculty</p> <p><input type="checkbox"/> Communications &amp; Publications Committee</p> <p><input type="checkbox"/> Continuing Medical Education Committee</p> <p><input type="checkbox"/> Correctional Medicine Task Force</p> <p><input type="checkbox"/> DOT FMCSA NRCME Course Faculty</p> <p><input type="checkbox"/> Faculty &amp; Fellow Committee</p> <p><input type="checkbox"/> Finance Committee</p> <p><input type="checkbox"/> Membership Committee</p> <p><input type="checkbox"/> Outreach Committee</p> |  |      |
| <b>Email</b>  | <p>Committee information and eligibility requirements can be found:<br/> <a href="https://www.aocopm.org/committees-policies-and-bylaws">https://www.aocopm.org/committees-policies-and-bylaws</a></p> |      |
| <b>Office Phone</b>   |  |      |
| <b>**Home Phone</b>   |  |      |
| <b>**Mobile Phone</b>   |  |      |
| <p><b>Would you like to receive texts from AOCOPM? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> (These are rare and are usually event reminders.)</p>   |  |      |

**AOCOPM Divisional Preference:**

- (AM) Aerospace Medicine (includes Hyperbaric Medicine)
- (OM) Occupational Medicine, includes Disability Impairment
- (PH) Public Health/Preventive Medicine (includes Correctional Medicine)

**Primary Specialty & Board Certification(s)**

**What are your professional strengths/interests?**

**Practice Focus Area(s)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Aerospace Medicine</li> <li><input type="checkbox"/> Academics</li> <li><input type="checkbox"/> Corporate Medical Director</li> <li><input type="checkbox"/> Correctional Medicine</li> <li><input type="checkbox"/> Disability Impairment Evaluations</li> <li><input type="checkbox"/> Family Medicine</li> <li><input type="checkbox"/> Hyperbaric Medicine and/or Wound Care</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Military-Active Duty</li> <li><input type="checkbox"/> Military-Reserve Components</li> <li><input type="checkbox"/> Occupational and Environmental Medicine</li> <li><input type="checkbox"/> Private Practice</li> <li><input type="checkbox"/> Public Health and Preventive Medicine</li> <li><input type="checkbox"/> Urgent Care</li> <li><input type="checkbox"/> Other <small>Click or tap here to enter text.</small></li> </ul> |
|--|--|

Would you like to serve as a mentor to student members?  Yes  No

**\*\*Home fields and cell numbers will not be shared with the public or printed in the directory\*\***