



**American Cleft Palate-  
Craniofacial Association**

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Dear ACPA Applicant:

Thank you for expressing an interest in joining the American Cleft Palate-Craniofacial Association (ACPA). Please find enclosed a membership application and a copy of the ACPA Code of Ethics.

ACPA membership spans the globe, with 2600 professionals representing the United States and 60 additional countries. Benefits of membership include the quarterly *ACPA/CPF Newsletter*, the Membership-Team Directory, and the Cleft Palate-Craniofacial Journal, a bi-monthly peer-reviewed international journal on craniofacial anomalies. Members also receive reduced registration fees for the ACPA Annual Meeting, which is being held this year at the Omni Fort Worth Hotel in Fort Worth, Texas, March 16-20, 2010. In addition to the above benefits, if you provide us with an email address, you will automatically be subscribed to Cleftserve, the association's exclusive listserv for members.

The application review process takes approximately four weeks. Following acceptance by the ACPA Membership Committee, you will be notified and billed for your dues and one-time entrance fee (if applicable). For the 2010 calendar year dues are:

<b>Member Status</b>	<b>Dues</b>	<b>Entrance Fee</b>	<b>1<sup>st</sup> Year Total</b>
Active	\$175	\$25	\$200
Associate	\$175	\$25	\$200
International	\$210 <i>(includes \$35 airmail fee)</i>	\$25	\$235
Intl Electronic Only	\$175	\$25	\$200
International Student	\$110 <i>(includes \$35 airmail fee)</i>	Waived	\$110
Intl Student Electronic Only	\$75	Waived	\$75
Student	\$ 75	Waived	\$75

If you are applying for **Student or International Student Member** status, you must be a full-time student or resident, and **you need to obtain a letter from your department chair to verify your enrollment**. In addition, please note that **sponsor signatures are required** on all but International and International Student applications. The National Office is happy to provide assistance to applicants seeking sponsors.

If you have any questions at any time during the application review process, feel free to contact me or Rafael Goldberg, Membership Services Manager, via the above number or at [membership@acpa-cpf.org](mailto:membership@acpa-cpf.org). We look forward to hearing from you!

Sincerely,

Nancy C. Smythe  
Executive Director

**M E M B E R S H I P   A P P L I C A T I O N**  
**AMERICAN CLEFT PALATE - CRANIOFACIAL ASSOCIATION**

Please type and complete all sections accurately to avoid processing delay. Do not submit vita.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender: \_\_\_\_M \_\_\_\_F Year of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

**Professional Training** (College and Professional Schools)

School	Location	Dates	Degree
1) _____	_____	_____ to _____	_____
2) _____	_____	_____ to _____	_____
3) _____	_____	_____ to _____	_____

**Specialty Training** (Two listings will appear in the membership directory)

Hospital or School	Location	Dates	Degree
1) _____	_____	_____ to _____	_____
2) _____	_____	_____ to _____	_____

**Specialty** (Primary=1, Secondary=2—Only primary specialty will be listed in the ACPA directory)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anatomy                   | <input type="checkbox"/> General Surgery                   | <input type="checkbox"/> Pediatric Surgery          |
| <input type="checkbox"/> Audiology                 | <input type="checkbox"/> Genetics                          | <input type="checkbox"/> Plastic Surgery            |
| <input type="checkbox"/> Coordinator/Administrator | <input type="checkbox"/> Neurosurgery                      | <input type="checkbox"/> Prosthodontics/Prosthetics |
| <input type="checkbox"/> Counseling                | <input type="checkbox"/> Nursing                           | <input type="checkbox"/> Psychiatry/Neurology       |
| <input type="checkbox"/> Dental Hygiene            | <input type="checkbox"/> Oral and/or Maxillofacial Surgery | <input type="checkbox"/> Psychology                 |
| <input type="checkbox"/> Dietetics/Nutrition       | <input type="checkbox"/> Orthodontics                      | <input type="checkbox"/> Radiology                  |
| <input type="checkbox"/> Family Practice           | <input type="checkbox"/> Otolaryngology                    | <input type="checkbox"/> Research                   |
| <input type="checkbox"/> General Dentistry         | <input type="checkbox"/> Pediatrics                        | <input type="checkbox"/> Social Work                |
| <input type="checkbox"/> General Medicine          | <input type="checkbox"/> Pediatric Dentistry               | <input type="checkbox"/> Speech-Language Pathology  |

Other (Please specify): \_\_\_\_\_

**Note: "Other" specialties not categorized above will not be listed in the ACPA directory unless they are recognized specialties.**

Primarily engaged in (check one)  Research  Clinical Practice  Academics  Administration

**Who/what encouraged you to apply for ACPA membership?**

- |                                   |                               |
|-----------------------------------|-------------------------------|
| ACPA Annual Meeting               | Team Colleague (name) _____   |
| Cleft Palate-Craniofacial Journal | Mentor/Professor (name) _____ |
| Web Site                          | Other Colleague (name) _____  |
| Other _____                       |                               |

**Team Affiliations**

(e.g., Nurse Coordinator, ABC Cleft Palate-Craniofacial Team, Capital City, North Carolina)

\_\_\_\_\_  
\_\_\_\_\_



# AMERICAN CLEFT PALATE-CRANIOFACIAL ASSOCIATION CODE OF ETHICS

*Prepared by the Ad Hoc Ethics Committee, Edward Elmendorf, III, M.D., Chair*

*Approved by the membership present at the Annual Business Meeting, April 26, 1996, San Diego, California*

## **Preamble**

As stated in its constitution, the American Cleft Palate-Craniofacial Association ("Association") is organized to stimulate specialist and public interest in, and a more exact knowledge and improved practice of, the science and art of the rehabilitation of persons with cleft lip/palate and other craniofacial anomalies (hereafter described as "craniofacial anomalies"). The mission of the association is to optimize interdisciplinary care of persons affected by cleft palate and other craniofacial anomalies.

Membership in the association is open to individuals of all disciplines interested in craniofacial anomalies. Ethical behavior is expected of members and teams and is guided by a Code of Ethics. Members and teams are responsible and accountable for their actions and words as well as the public use of their names. Thus they are expected to act in accord with the principles of the Code of Ethics in all contacts with patients, peers, and the general public.

## **Ethical Principles**

The following principles are the aspirational goals which guide the behavior of all individual members and listed teams. These principles are meant to foster exemplary behavior.

- I. The primary objective of the members and listed teams is to render appropriate service to all persons who seek care with full respect for human dignity. Members and teams should respect the trust and confidence of patients in their care, rendering to each a full measure of service and dedication.
- II. Members and teams should strive to improve patient care through clinical knowledge and skill and must make available to their patients and colleagues the benefits of this knowledge.
- III. Members and teams should seek to safeguard their patients from harm.
- IV. Members should uphold the dignity and honor of their individual specialty's professional Code of Ethics and accept its self-imposed disciplines.
- V. Members and teams should provide care to all persons without regard to race, religion, ethnicity, gender, or ability to pay. Members and teams should make every effort to find funding or a source of service for financially disadvantaged patients.
- VI. Members and teams should respect patient autonomy while exercising sound clinical judgment and skill.
- VII. Members and teams should seek or offer outside consultations upon the request of the patient or family in doubtful or difficult cases, or whenever it appears that the quality of service may thereby be enhanced.
- VIII. Patient confidentiality should be respected unless members or teams are required to break confidentiality by law.
- IX. Members who participate in volunteer medical missions outside their home country should provide only the type of care for which they have training and credentials in their home country.
- X. Members and teams should assist the public in obtaining information and services regarding the care and treatment of individuals with craniofacial anomalies.
- XI. Members and teams should honestly and accurately represent their professional qualifications and the services or characteristics of their team to the public and to the association.
- XII. Research, clinical presentations, and published articles are to be based on scientific principles and conducted in an ethical manner. Financial interest of any type in the conduct of research is to be clearly stated in publications and presentations.

## **Ethical Applications**

The following are ethical rules for all members and listed teams. A team is expected to function in an ethical manner. The team director is ultimately responsible for the conduct of a team in its relationship to the association.

- I. Members should obey all laws and avoid illegal activities.
- II. Members should be in good standing in their organization of primary certification.
- III. Members should be in good standing with their state or national licensing boards.
- IV. Members and teams should not engage in inaccurate or dishonest solicitation of patients.
- V. Members and teams should provide complete records to other professionals or teams when requested by the patient or family.
- VI. Professional advertisements should not be dishonest, false, or misleading either in writing or in photographs. Members and teams should be able to substantiate material objective claims made in advertising.
- VII. The Association team listing designation and logo should not be used in advertising.
- VIII. Members and teams should not pay nor receive a commission for referral of patients.
- IX. Disclosure of professionally related commercial interests and any other interest that may influence decision making is required in communications to patients, the public, and to colleagues. Patients should not be exploited in any manner when a member has a financial interest in a commercial venture.
- X. The source(s) of research funding must be acknowledged in presentations and publications.
- XI. Members should not be involved in misrepresentation, unethical behavior, or fraud in research and presentations.
- XII. Teams should honestly represent their services in reports to the Association.