

PODIATRIC MEDICAL ASSISTANT

MEETING REGISTRATION FORM

Use this form to register for The National, or register online at www.apma.org/thenational. The meeting is being provided in-person only.

See the reverse side of this form for a separate registration, schedule, and fee for the clinical, administrative, and radiology review courses and certification examinations offered by the American Society of Podiatric Medical Assistants in conjunction with The National.



DALLAS/FORT WORTH • JULY 24–27, 2025

THE NATIONAL
APMA ANNUAL SCIENTIFIC MEETING

PAYMENT

REGISTRATION FEE \$ _____

Registration will not be processed unless accompanied by full payment.

Note: Assistants' examination fees must be paid separately and may not be included in this total.

Payment type (check one): MasterCard
Check enclosed in US dollars VISA
(payable to APMA, Inc.) American Express
Discover

Credit Card Number

Expiration Date Security Code

Name on Card

Authorized Signature

Date

Day Phone of Cardholder

EMERGENCY CONTACT

Name

Telephone

Email

ADDITIONAL INFORMATION

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please describe:

YOUR INFORMATION

Name

First Name for Badge

Address

City/State/Zip Code

Office Phone

Cell Phone

Email

ANNUAL SCIENTIFIC MEETING REGISTRATION

<i>Check appropriate amount.</i>	REGULAR RATE (Through July 22)	ON-SITE RATE (July 23 and After)
Podiatric Medical Assistant	\$199	\$249

IMPORTANT! Please check the box below to indicate your agreement to APMA's meeting policies. Your registration will not be processed if this box is not checked.

By registering for this meeting, I agree to all of APMA's registration and meeting policies listed at www.apma.org/TheNationalPolicies.

MAIL, EMAIL, OR FAX YOUR COMPLETED REGISTRATION TO:

American Podiatric Medical Association | 11400 Rockville Pike, Suite 220, Rockville, MD 20852

Fax: 301-530-2752 | Email: registration@apma.org

AMERICAN SOCIETY OF PODIATRIC MEDICAL ASSISTANTS (ASPMA)

2025 COMPREHENSIVE REVIEW COURSES AND CERTIFICATION EXAMINATIONS

THE ASPMA COMPREHENSIVE REVIEW COURSES

The review courses and examinations are given in three categories: clinical, administrative, and radiology. These courses are “closed” courses offered only to ASPMA members who have preregistered to sit for the certification examinations. For more information on becoming a member of ASPMA, visit www.aspma.org and click on “Membership.”

The review courses are on **THURSDAY, JULY 24**, as follows:

- 8:00 a.m.–2:00 p.m. Clinical/Administrative
- 2:00–5:00 p.m. Radiology

The examinations are on **FRIDAY, JULY 25**, at **8:00 a.m.**

The examination options are:

- Administrative
- Clinical
- Radiology
- Clinical and Radiology

Examination confirmations will be checked for verification.

TO REGISTER FOR THE ASPMA CERTIFICATION EXAMINATIONS

ASPMA members are required to submit the completed registration form to the right and the examination fee, postmarked on or before June 24. A late fee will be added for those registering after the deadline. Only ASPMA members are eligible to attend the courses and sit for the certification examinations.

You must also be registered for the Assistants’ Educational Program at the APMA 2025 Annual Scientific Meeting (The National) to be eligible to take the examinations.

STUDY MANUALS

After you register to take the examination(s), the study manual(s) will be shipped to you.

- **Administrative Examination:** The fee includes *The Comprehensive Guide to Podiatric Medical Assisting Administrative*, 1st edition.
- **Clinical Examination:** The fee includes *The Comprehensive Guide to Podiatric Medical Assisting*, 6th edition.
- **Radiology Examination:** The fee includes *Radiology for the Podiatric Practice*, 2nd edition.



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Please complete the form below and mail with your check made payable to ASPMA Qualifying and Examining to:

ASPMA | Karen Keathley, PMAC, PRAC, PAAC
109 South First Street | Itasca, IL 60143-2114
Phone: 888-88ASPMA

A \$25.00 fee will be charged for all returned checks.

YOUR INFORMATION

ASPMA Member Name

ASPMA Membership Number

Which Examination(s) You Will Take

(Clinical, Administrative, Radiology, or Both Clinical and Radiology)

DPM Employer

Office Address

City/State/Zip Code

Office Phone

Mobile Phone (Required)

Fax (Required)

Email (Required)

CHECKLIST FOR REVIEW COURSES AND CERTIFICATION EXAMINATIONS

Completed form

\$400 **Administrative** examination fee

\$450 **Administrative** examination fee*

\$400 **Clinical** examination fee

\$450 **Clinical** examination fee*

\$400 **Radiology** examination fee

\$450 **Radiology** examination fee*

*Includes \$50 late fee if postmarked after June 24.