



American Association for the Treatment of Opioid Dependence, Inc.

225 Varick Street, 4th Floor, New York, NY 10014

Tel: 212-566-5555

Fax: 212-366-4647

Email: info@aatod.org

Website: www.AATOD.org

Membership Application Form

AATOD MEMBERSHIP CATEGORIES AND DUES:

Individual Membership: Any person involved in the treatment of opioid dependence may apply for individual membership, at the annual dues fee of \$125.00.

Program Membership: Any treatment program in *good standing** may apply for program membership, at the annual dues fee of \$250.00. Programs within AATOD's existing state membership may NOT apply for program membership.

There is a separate dues structure for STATE membership in the Association.

Interested parties should contact Mark W. Parrino, AATOD President directly to obtain more detailed information.

PERSONAL INFORMATION:

Please Check One: Mr. Ms. Mrs. Degree(s): _____

First Name Middle Initial Last Name Suffix

Organization Position/Title

Street Address

Address

City State Zip

Phone (include area code) Fax (include area code) Email Address

PROFESSIONAL INTERESTS: (Please check all that apply.)

- Pharmacological Issues
- Treatment Outcome Research
- Addiction Medicine in the Criminal Justice System
- Dual Diagnosis
- Medications Development
- Cross-Cultural Clinician Concerns
- Pregnancy and Neonatal Abstinence Syndrome

Make checks payable to: **American Association for the Treatment of Opioid Dependence, Inc.**

Enclosed is a check in the amount of \$_____. Membership is valid for one year from the date posted on check.

Signature: _____ Date: _____

Please Mail Application with Payment to: AATOD, Attn: Project Director, 225 Varick Street, 4th Floor, New York, NY 10014.

* *Good Standing* implies that programs follow the principles outlined in the Association's **Canon of Ethics**. Program members are required to sign a statement to this effect.

American Association for the Treatment of Opioid Dependence, Inc.

Canon of Ethics

The American Association for the Treatment of Opioid Dependence, Inc. Board of Directors resolves that its member programs and individuals will:

- Ensure that patients are treated with compassion, respect and dignity regardless of race, creed, age, sex, handicaps or sexual orientation;
- Retain competent and responsible personnel who will adhere to a strict code of professional ethics including but not limited to the prohibition of fraternization with patients, exploitation of patients and criminal behavior;
- Subscribe to the treatment principles as published in the CSAT State Methadone Treatment Guidelines, which serve as a resource in making therapeutic treatment decisions;
- Provide patients with accurate and complete information regarding methadone treatment, the nature of available services and the availability of alternative treatment modalities prior to admission and throughout the treatment process;
- Ensure that discharge from treatment is conducted in accordance with sound and medically acceptable practice. The patient will be assured of due process if the discharge is administrative in nature;
- Provide a safe and clean environment for patients and staff that is conducive to the therapeutic process;
- Remain in compliance with the required federal, state, and local operating standards;
- Take all necessary and appropriate measures to maintain individual patient records and information in a confidential and professional manner;
- Strive to maintain good relations with the surrounding community and pursue every reasonable action to encourage responsible patient behavior and community safety.

Program Name

Name of Program Administrator/Director/President/Other _____ **(circle one)**
Please Specify

Signature

Date