IPRC
International Pediatric Rehabilitation Collaborative

2024/25 Membership Application

July 1, 2024 through June 30, 2025

Organization Information

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Website: _____

Primary Contact: _____

Title: _____

Phone: _____ Email: _____

Renewal Contact (*if different from Primary Contact*): _____

Title: _____

Phone: _____ Email: _____

FACILITY TYPE - Please check the box(es) that best describe your organization:

☐ **Hospital-Based**

- ☐ Free-Standing Rehab Hospital
  - ☐ Pediatrics Only ☐ Pediatrics & Adults
- ☐ General Hospital
  - ☐ Acute Care Therapy Services ☐ IRF—Ped Rehab Unit ☐ IRF—Ped & Adult Rehab Unit ☐ NICU
- ☐ Children's Hospital
  - ☐ Acute Care Therapy Services ☐ IRF—Ped Rehab Unit ☐ NICU

☐ **Outpatient Clinic**

- ☐ Pediatrics Only
- ☐ Pediatrics & Adults

☐ **Residential Facility**

☐ **Non-Medical**

- ☐ University
- ☐ School System

☐ **Other (please specify):** _____

SERVICES - Select all services that your organization provides.

- ☐ Aquatics
- ☐ Behavioral Health Services
- ☐ Day Hospital
- ☐ Early Intervention
- ☐ Home Care
- ☐ Inpatient Rehabilitation
- ☐ Long-Term Care
- ☐ Outpatient Rehabilitation
- ☐ Palliative Care
- ☐ Other Services: _____
- ☐ School/Education Services
- ☐ Specialty Clinics
  - ☐ Augmentative Communication
  - ☐ Equipment
  - ☐ Feeding
  - ☐ Pain
  - ☐ Spasticity Management
  - ☐ Other Specialty Clinics: _____

Advocacy, Education, and Membership Committee

Name: _____

Title: _____

Phone: _____ Email: _____

Best Practices Work Groups

Pediatric Bowel/Bladder Work Group

Name: _____

Title: _____

Phone: _____ Email: _____

Pediatric Augmentative and Alternative Communication Work Group

Name: _____

Title: _____

Phone: _____ Email: _____

Quality, Safety, & Risk Management Work Group

Name: _____

Title: _____

Phone: _____ Email: _____

Additional Contact Person

Name: _____

Title: _____

Phone: _____ Email: _____

Step 4: Membership Dues

Organizations outside Pennsylvania - $930

For organizations with Pennsylvania operations who are interested in membership, please contact Cindi Hobbes, Director of the IPRC (chobbes@paproviders.org) or Tieanna Lloyd, RCPA's Accounts Receivable/Membership Services Manager (717-963-3609 or tlloyd@paproviders.org.)

Check Payments

Please make the check payable to "Rehabilitation and Community Providers Association" and remit payment and completed application to:

Rehabilitation and Community Providers Association
777 E Park Dr, Ste G4
Harrisburg, PA 17111

Credit Card Payments

If paying with a MasterCard or Visa, a surcharge of 4% will be added to the dues amount, for a total of $967.20. Please provide the information below and fax the application to 717-364-3287. A receipt will be emailed to the primary contact. For security reasons, applications with credit card information should be faxed, or payment information can be shared over the phone. *Payment information cannot be sent via email.*

Name on card: _____

Billing Address: _____

Billing City, State, ZIP: _____

Card Number: _____

Exp Date: _____ CVV code: _____

Step 5: Signature

_____ _____

Name of individual completing form Date

_____

Signature of individual completing form

Application is your invoice.
Dues payment, along with a completed application, are required to process membership.
Approximately 13% of your membership dues are not tax deductible.

Questions or to make ACH payments, contact Tieanna Lloyd (717-963-3609 or tlloyd@paproviders.org).
Thank you for your support of the IPRC and RCPA!