

Application for Charter Membership

Praxis Partners Consortium

WELCOME! We're glad you want to get in on the ground floor and become part of our exciting community with a "can do" spirit.

Please apply for Charter membership only if you have been invited to do so by a Founding Member -- if one of them has told you they will nominate you. (www.webility.md/praxis/founding-members.htm).

INSTRUCTIONS:

SUMMARY OF PROCESS: (a) Prepare in advance: write a draft of your essay questions on paper. (b) Go on-line to complete and submit the application or mail it in; (c) Attach or mail in supporting documents; (d) Pay your dues; (e) Look for 2 emails from us: the first confirming receipt of your application, the second confirming receipt of your dues; (f) Await Membership Committee action within 45 days. See detailed instructions below.

Print out these instructions and the application whether you are planning to apply on-line (strongly preferred) or on paper. Download a copy at www.webility.md/praxis/downloads/Charter-Application.pdf.

1. IF APPLYING ON-LINE, PREPARE IN ADVANCE. **You must complete the application in one sitting.** Unfortunately, this form system does not allow you to come back and finish it later. (If the worst happens and you are interrupted, you can always start over.)
2. PREVIEW THE MATERIALS. Although the application is short, there are essay questions. Look through the whole thing before you start. Most people draft their responses to the essay questions in advance. **Put your answers into a Word document and copy them into the web form so you won't lose your work if anything goes wrong!** Also read:
 - Membership Criteria and Information (below)
 - Our Founding Document (all topics in the "About Us" section of the Praxis Partners website).
3. BE SUCCINCT. Keep your answers as brief as you can while giving specific facts and concrete examples.
4. SEND US SUPPORTING MATERIALS: Electronic versions are preferred. They can be uploaded via this form or sent by email. See specific instructions at bottom of application below. If necessary, hard copies can be sent via US mail.
 - a biographical sketch or resume (1-10 pages maximum)
 - optional: other evidence that you meet our criteria (writing, presentations, endorsements, etc.).
5. PAY YOUR DUES. You will do this in a SEPARATE STEP AFTER you submit your application. The Membership Committee does not review applications until dues are paid. Go to the Pay Membership Dues menu item on the Praxis website to do that (www.webility.md/praxis

</pay-charter-dues.htm>.

6. LOOK FOR TWO EMAILS FROM US. The system should immediately send you an email each time you push SUBMIT -- first, when you have successfully submitted this application form AND THEN another one when you have paid your dues. If not, call us at 508-358-8096.

MEMBERSHIP CRITERIA AND INFORMATION

Only individuals, not organizations, are eligible for membership in the Praxis Partners Consortium. Charter Members must be sponsored by a Founding Member (see list at Who We Are).

Members may come from any line of work, professional discipline, country, or system, but must:

(1.) Have shown and continue to show a pattern of behavior indicating a commitment to the mission, vision, and values of the Consortium, as set forth in the Founding Document, as well as a spirit of collegiality / professional generosity.

(2.) Have demonstrated in their professional endeavors a sustained interest in the study, promulgation or advancement of (a) the biopsychosocial model of illness and disability; and/or (b) the multi-dimensional approach to medical care, the functional recovery process, and the stay-at-work / return-to-work process; and/or (c) the practical application of these principles to benefit working age people with chronic illness, injury, aging, or impairment.

(3.) Be willing to actively involve themselves in the Consortium's mission and activities.

APPROVAL PROCESS: In making its decisions, the Membership Committee seeks input from the sponsor, additional Founding Members or other individuals familiar with the applicant, and may seek additional information directly from the applicant. The committee also monitors and seeks to maintain a reasonable balance among disciplines, organizational silos, and social sectors within the Consortium, so in their discretion may from time to time preferentially approve some applications and hold others for later consideration. The interval between receipt of a completed application and decision is usually less than 45-60 days.

MEMBERSHIP PERIOD AND DUES: Membership is for a 12 month period, effective on date of approval. Dues are refunded if a candidate is not approved. Once approved, dues are non-refundable. Dues vary with annual personal income as follows:

- For incomes < \$75,000, dues are \$120 per year.
- For incomes between \$75,000 and \$125,000, dues are \$190 per year.
- For incomes between \$125,000 and \$175,000, dues are \$265
- For incomes > \$175,000, dues are \$350.

Application Date *

| | | | | | |
|----------------------|---|----------------------|---|----------------------|---|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |  |
| MM | | DD | | YYYY | |

Your Name *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| First | Last |

Your Degrees, Certifications

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Name of Founding Member
who nominated you *

How do you know this person? *

| | | |
|--|----------------------|-----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First | Last | |
| Best work phone – direct line * | | Another phone, e.g. mobile |
| <input type="text"/> | | <input type="text"/> |
| Best Email * | | Confirm Email (re-enter) * |
| <input type="text"/> | | <input type="text"/> |

Your professional affiliations (companies, organizations)

You may have only one affiliation or several. Your "primary" one consumes the majority of your time or provides the majority of your income. A "secondary" affiliation is where you spend an important minority of your time / earn a minority of your income. A "tertiary" affiliation is another place where you spend time, and derive either revenue or satisfaction that influences your view of things (e.g., a small contract, your volunteer work, professional society, etc.) You decide which is primary, secondary and tertiary.

| | |
|--|---|
| Your primary affiliation (organization) * | Your primary position title or description * |
| <input type="text"/> | <input type="text"/> |
| Your secondary affiliation (organization) | Your secondary position title or description |
| <input type="text"/> | <input type="text"/> |
| Your tertiary affiliation (organization) | Your tertiary position title or description |
| <input type="text"/> | <input type="text"/> |

Preferred Mailing Address *

| | |
|----------------------|---------------------------|
| <input type="text"/> | |
| Street Address | |
| <input type="text"/> | <input type="text"/> |
| City | State / Province / Region |
| <input type="text"/> | <input type="text"/> |
| Postal / Zip Code | Country |

ESSAY QUESTIONS:

HOW YOU MEET THE CRITERIA FOR MEMBERSHIP IN PRAXIS PARTNERS

Below are the 3 criteria for membership. In the spaces below each one, answer the questions posed.

Criterion #1

We seek members who have shown and continue to show a pattern of behavior indicating a commitment to the mission, vision, and values of the Consortium, as set forth in the

Founding Document, as well as a spirit of collegiality / professional generosity.

QUESTIONS: How do you meet this criterion? Please answer each of the two questions in a separate box below.

(a) Write a brief personal statement about how your professional activities and performance match up with the Consortium's Founding Document. You do not have to be familiar with or agree with every part of it, but describe any gaps or reservations. One sentence may be enough, but 250 word max.

(b) Give two or three specific examples of ways in which your spirit of collegiality / professional generosity has showed itself, including names of organizations or collaborators. Briefer is better; a bulleted list is fine.

Part (a) – The match between your professional activities/behavior and the Praxis Partners Founding Document *

Part (b) – How your collegial/generous professional spirit has been demonstrated. *

Criterion #2

We seek members who have demonstrated in their professional endeavors a sustained interest in the study, promulgation or advancement of: (a) the biopsychosocial model of illness and disability; and/or (b) the multi-dimensional approach to medical care, the functional recovery process, and the stay-at-work / return-to-work process; and/or (c) the practical application of these principles to benefit working age people with chronic illness, injury, aging, or impairment.

QUESTIONS: How do you meet Criterion #2? You do not have to be an expert. "Practical application" can include many domains including direct service to individuals as well as the business end: operations, management, marketing, sales, procurement, finance, information systems and analytics as long as it is done in support of our values and overall purposes. Give two or three specific and relevant examples. Briefer is better; a bulleted list is fine. 250 word max.

How you have demonstrated / are demonstrating a sustained commitment. *

Criterion #3

We seek members who are willing to actively involve themselves in the Consortium's mission and programs.

QUESTION: List the ways you plan to meet this criterion. (Refer to Founding Document, especially Activities.)

How you plan to get involved; what you want to do *

Your Commitment Statement

I have truthfully represented my philosophy, values, and the usual way I approach my work in this application. As a member of this community, I am willing to be held accountable for conducting my professional and business affairs in a manner that is consistent with the Founding Document of the Praxis Partners Consortium according to observers of my work (affected individuals, colleagues, customers, or suppliers).

Is the above statement accurate? *

- ☐ Yes
- ☐ Yes with a caveat or comment
- ☒ No

REQUIRED: Please comment about Commitment Statement if your answer is "no" or "yes, with a caveat". Otherwise a comment is optional.

Electronically signed: (enter your initials) *

Two important final items:

1. Send us your resume/biosketch and any other supporting material. You can attach electronic files below, or send them by email to praxis.membership@webility.md, or by US mail to 95 Woodridge Rd, Wayland MA 01778.

2. AFTER you push the SUBMIT button below, you will automatically be taken to the place to pay your dues. You will also get an email with a link that will take you there.

Upload electronic files here.