



International Psychogeriatric Association

IPA...Better Mental Health for Older People



Learning Portal Subscription

Please provide the following information so we may serve you and understand your needs.

Send completed form to:

International Psychogeriatric Association
550 Frontage Road, Suite 3759
Northfield, IL 60093 USA

Telephone: +1.847.501.3310
Fax: +1.847.501.3317
E-mail: ipa@ipa-online.org
Web: www.ipa-online.org

Did you know that you can become an IPA Member for less than or the same fee as a Learning Portal Subscription? Why not join IPA now, access the Neuroimaging webinar series, and enjoy all the Member Benefits? See Page 4 for details.

Subscriber Information (Please print or type your responses to the following items.)

1. Name

Given (first) Name(s) _____

Family (last) Name (s) _____

Credentials/Degrees (e.g., MD, FRCP, FRCPsych, Mphil, etc.): _____

Please write your name here exactly as you would like it to appear on correspondence, with preferred salutation and qualifications:

Salutation (e.g. Prof., Dr. Doe) _____

2. Business Mailing Address

Business E-mail _____

Name of Business _____

Street Address _____

City: _____ State/Province _____

Country _____ Postal Code _____

3. Home Mailing Address

Home E-mail Address _____

Street Address _____

City: _____ State/Province _____

Country _____ Postal Code _____

4. Telephone Information

Business	<i>Country code</i>	<i>City code</i>	<i>Local number</i>
Telephone			
Fax			
Mobile			
Home			
Telephone			
Fax			
Mobile			

5. Please indicate if you **prefer** to receive email from IPA at your home or business email address:

- a. Home email address b. Business email address

6. Please indicate if you **prefer** to receive regular mail from IPA at your home or business mailing address:

- a. Home mailing address b. Business mailing address

- Please check this box if you do NOT want IPA to include your name on lists rented to other appropriate organizations for distribution by POST of carefully selected materials.
- Please check this box if you do NOT want IPA to send information about IPA meetings and projects by E-MAIL.
- NOTE: IPA never releases your email address to other organizations.



Demographic Information

Please note that your responses to the following questions are voluntary and will be held in the strictest confidence by IPA. This information is helpful in planning for our programs and services. Please fill in your answer for item 7, and place an **X** to indicate your response for item 8.

7. Year of birth (yyyy): _____

8. Gender: Female Male

Professional Information

9. From the list below, please write down the number associated with your **primary** and **secondary** professional discipline(s) or training:

Primary Discipline _____

Secondary Discipline _____

- | | | |
|----------------------------------|-------------------------|---------------------------|
| 01 Administration/Management | 11 Neurophysiology | 21 Psychiatry |
| 02 Epidemiology | 12 Neuropsychiatry | 22 Psychogeriatrics |
| 03 General or Family Medicine | 13 Neuropsychology | 23 Psychology |
| 04 Geriatric Medicine/Geriatrics | 14 Nuclear Medicine | 24 Psychopharmacology |
| 05 Gerontology (non-clinical) | 15 Nursing | 25 Public Health Medicine |
| 06 Internal Medicine | 16 Nursing Homes | 26 Radiology |
| 07 Law | 17 Occupational Therapy | 27 Social Work |
| 08 Library | 18 Pharmacology | 28 Speech Therapy |
| 09 Neurology | 19 Pharmacy | 29 Other, please specify: |
| 10 Neuropathology | 20 Physiotherapy | _____ |

10. Please indicate your **primary** and **secondary** function in your job:
(Please select only **ONE** choice for each column by marking an **X**)

- a. Administration
- b. Clinical Practice
- c. Education
- d. Research (includes academic)
- e. Other please specify

Primary Function	Secondary Function

11. Please indicate if you are licensed/registered to practice the following professions in your country:
(Check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Other, please specify _____ |

12. If you are a member of other professional organizations, please list their names and countries below:
(For example: *European Association of Psychiatrists - EAP*)

If you have more than four professional organizations, please list them on an attached sheet of paper.

- a. _____
- b. _____
- c. _____
- d. _____

13. From the list below, please select your top **SIX** professional **interests**, and rank them by writing the number of the interest in the appropriate space. (Please select only 6)

1st Choice _____ 2nd Choice _____ 3rd Choice _____
 4th Choice _____ 5th Choice _____ 6th Choice _____

- | | | |
|--|---|-------------------------------------|
| 101 Age Associated Memory Impairment | 126 Diagnosis and Classification | 151 Neuropathology |
| 102 Alcohol Related Disorders | 127 Diagnostic Issues | 152 Neuropsychological Testing |
| 103 Animal Models | 128 Drug/Substance Abuse | 153 Normal Ageing |
| 104 Anxiety Disorders | 129 Drugs – Antianxiety Agents | 154 Nutrition |
| 105 BEAM and Evoked Potentials | 130 Drugs – Antidepressants | 155 Other Cerebrovascular disease |
| 106 Behavioral & Psychological Symptoms of Dementia (BPSD) | 131 Drugs – Antidementia | 156 Other Neurological Disorders |
| 107 Behavioral Therapy | 132 Drugs – Clinical Drug Trials | 157 Outcome Measures |
| 108 Bereavement | 133 Drugs – Drug Interaction/Side-effects | 158 Pain |
| 109 Biological Markers | 134 Drugs – Lithium Drugs - Neuroleptics | 159 Parkinson's disease Phenomology |
| 110 Caregiving | 135 Drugs - Pharmacokinetics | 160 Phenomenology |
| 111 Cerebral Metabolism and Physiology | 136 ECT | 161 Post Traumatic Stress Disorder |
| 112 Cognitive Therapy | 137 Education | 162 Psychotherapy |
| 113 Community Services | 138 Electroencephalography | 163 Rating Scales/Evaluation |
| 114 Cross-cultural/Ethnic Issues | 139 Endocrinology | 164 Rehabilitation |
| 115 Day Care | 140 Epidemiology | 165 Research Design and Methodology |
| 116 Delirium | 141 Ethics | 166 Schizophrenia/Paraphrenia |
| 117 Dementia – Alzheimer's disease | 142 Family/Group Therapy | 167 Sensory Disorders |
| 118 Dementia – Frontal Lobe | 143 Genetics | 168 Sexuality |
| 119 Dementia – Huntington's disease | 144 Long Term Care // Nursing Homes | 169 Sleep Disorders |
| 120 Dementia – Lewy Body disease | 145 Mania | 170 Social Care |
| 121 Dementia – Multi-infarct (vascular) | 146 Medical/Legal Issues | 171 Stroke |
| 122 Dementia – Non-cognitive Features | 147 Molecular Biology | 172 Suicide |
| 123 Dementia – Other | 148 Neurochemistry | 173 Telehealth |
| 124 Dementia – Reversible | 149 Neuroimaging | 174 Testamentary Capacity |
| 125 Depression | 150 Neurology | 175 Other |

IPA Learning Portal Subscription Information

14. How did you learn about the International Psychogeriatric Learning Portal Subscription? (Please place an **X** by only **ONE** answer)

- | | |
|---|--|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> IPA member |
| <input type="checkbox"/> IPA Web site | <input type="checkbox"/> Information sent by mail/post |
| <input type="checkbox"/> Other – please specify _____ | |

Payment Information will be found on the following page



