INTERNATIONAL PEDIATRIC ACADEMIC LEADERS’ ASSOCIATION

 INSTITUTION MEMBERSHIP APPLICATION

IPALA is pleased to consider you for an Institution membership and welcomes your engagement in a global agenda for advancing child and child health care globally through mobilizing our collective expertise and commitment to collaboration, working to support equity and opportunity for all pediatricians. An Institutional member may be a Department, Institute or Centre of a university, a hospital, a government, or non-government organization.

Your membership fee is based on your country status (low-income to high income) as defined by the World Bank for any given year. Membership is renewable on an annual basis and may be adjusted based on country position at the time of renewal or by IPALA management on notice to the membership. Dues are for the year or portion of the year and are not pro-rated. Please refer to the table below for your membership annual fee. Institutional membership comes with the option of appointing up to four people from your institution for membership in addition to the institution head. Additional members from the same unit would pay the full membership fee as defined by the relevant World Bank category.

**INSTITUTION NAME:**

**DESCRIPTION OF INSTITUTION (CHECK AS APPROPRIATE)**

* **UNIVERSITY: \_\_\_PEDIATRIC DEPARTMENT \_\_\_RESEARCH CENTRE/INSTITUTE \_\_\_OTHER (DESCRIBE)**
* **HOSPITAL: \_\_\_PUBLIC \_\_\_PRIVATE \_\_\_PRIVATE/NOT-FOR PROFIT**
* **GOVERNMENT: \_\_\_\_**
* **NON-GOVERNMENT ORGANIZATION (NGO): \_\_\_**

**ADDRESS:**

**PHONE:**

**WEBSITE ADDRESS:**

**INSTITUTE LEADER: SURNAME:** **FIRST NAME:**

 **POSITION DESCRIPTION:**

 **E-MAIL ADDRESS**

 **PHONE NUMBER**

**PRIMARY CONTACT IF NOT INSTITUTION LEADER: NAME:**

 **PHONE:**

 **E-MAIL**

**OPTIONAL ADDITIONAL APPOINTMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Position** | **Contact e-mail** |
| 1 |  |  |  |
| 2 |   |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**CURRENT AREAS OF iNSTITUTION EXPERTISE OR INTEREST TO DEVELOP**

(CHECK ONE OR MORE AS APPROPRIATE)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Area of Activity/Interest** | **EXPERTISE** | **INTEREST TO DEVELOP** |
| 1 | INNOVATIONS IN RESIDENCY AND POSTGRADUATE CURRICULUM |  |  |
| 2 | INNOVATIONS IN CONTINUING PROFESSIONAL DEVELOPMENT  |  |  |
| 3 | STRENGTHENING INTERPROFESSIONAL DEVELOPMENT |  |  |
| 4 | BUILDING OR FURTHER DEVELOPING A RESEARCH PROFILE |  |  |
| 5 | BUIDLING SUSTAINED COLLABORATION IN GLOBAL RESEARCH |  |  |
| 6 | IMPROVING LEADERSHIP SKILLS |  |  |
| 7 | HEALTH HUMAN RESOURCES AND CHILD HEALTH |  |  |
| 8 | GLOBAL EXCHANGE PROGRAMS |  |  |
| 9 | EQUITY ISSUES IN CHILD HEALTH AND HEALTH CARE |  |  |
| 10 | EQUITY ISSUES IN TRAINING |  |  |
| 11 | OTHER – PLEASE DESCRIBE. |  |  |

**ADDITIONAL COMMENTS/SUGGESTIONS**

**NOTE:** In signing you are also giving permission for IPALA to communicate with you by e-mail. IPALA uses contact information only for communication between IPALA and members and do not share membership information with other organizations without your express permission.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN MEMBERSHIP APPLICATION TO:** ipalaemail@gmail.com

|  |  |  |
| --- | --- | --- |
|  | **Economic Category[[1]](#footnote-1)** | **Annual USD** |
|  | High Income Country | $500 |
|  | Upper Middle-Income Country | $200 |
|  | Lower Middle-Income Country | $100 |
|  | Low Income Country | $50 |

 Based on World Bank designation in 2021-2022 and updated on annual renewal basis. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

1. [↑](#footnote-ref-1)