

## **APTA of Massachusetts Label Policy**

### **How to obtain mailing labels of APTA of MA's members**

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the APTA of MA consists of approximately 1,800 members including physical therapists, physical therapist assistants and students. Opportunities exist for the acquisition of membership lists as follows:

#### **Eligibility**

The following categories of organizations are eligible to use the mailing list of the American Physical Therapy Association of Massachusetts, Inc.

1. Commercial organizations whose products are eligible for advertising in American Physical Therapy Association (APTA) and APTA of MA publications;
2. Non-profit philanthropic organizations, such as recognized and accredited schools and national foundations;
3. Components of APTA of MA;
4. Recognized and reputable health organizations

#### **Conditions for use of Mailing Labels**

The following conditions are stipulated and must be agreed to in writing by the person or organization wishing to use the list:

1. The contents of all materials to be included in the proposed mailing to the membership must be submitted with the mailing label request and approved by the Executive Director. Only approved materials may be included in the mailing.
2. There may be no reference to the APTA of MA or the APTA made in the mailing materials.
3. The list will be provided electronically in an Excel Format or if you prefer labels can be sent first class mail in the form of three-up pressure sensitive labels. Users of the labels must agree not to copy or otherwise duplicate the list of names and addresses or the set of the labels in whole or in part, as the list is intended for a one-time use only. Cost of labels is **\$150.00**.

Because of this policy, APTA of MA's does not accept job listings for positions in a practice if any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant.

#### **Label Format**

Labels can be sent electronically in an Excel Format or if you prefer labels can be sent first class mail in the form of three-up pressure sensitive labels. Users of the labels must agree not to copy or otherwise duplicate the list of names and addresses or the set of the labels in whole or in part, as the list is intended for a one-time use only. Users may request additional mailing labels in exchange for an additional fee.

#### **Check the type of format requested:**

Electronically (Excel Format)

Pressure Sensitive Labels

**PLEASE NOTE: APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. The policy, adopted by the House of Delegates, states: "The American Physical Therapy Association opposes ... participation in services that is in any way linked to the financial gain of the referral source." Financial Considerations in Practice (HOD 06-99-13-17).**

Because of this policy, APTA of MA's does not accept job listings for positions in a practice if any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant. To complete your submission, you must make the following certification by checking the "I agree" box below:

I certify that no referral source (including any referring physician) has a financial interest in the practice that has the position that is the subject of this advertisement, furthermore have read and agree to all of the conditions, set forth above, for purchase of mailing labels.

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

Name: (print or type) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make check payable to:** APTA of Massachusetts, Inc.

**Use PayPal our I.D. is:** [aptaofma@aptaofma.org](mailto:aptaofma@aptaofma.org)

**Copies of the literature you plan to mail may be FAXED to: 978-231-0291 or send via email at [aptaofma@aptaofma.org](mailto:aptaofma@aptaofma.org)**

Labels will be mailed within 5-7 days after receipt of this signed form with your check, and approval of the literature you plan to mail.

**Payment Type:**             **Check\***     **MasterCard \*\***     **Visa\*\***  
**(We DO NOT accept American Express)**

**FOR CREDIT CARDS PAYMENT, PLEASE PRINT OR TYPE:**

Credit card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CSV# \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

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

\* Make checks payable to: APTA of MA and send, 15 North River Rd., Tolland, CT 06084

\*\* Fax credit card charges to 978-231-0291 or email to [aptaofma@aptaofma.org](mailto:aptaofma@aptaofma.org)