

AARS Corporate Benefactor Overview

2024 Annual Initiatives & Member Benefits



Thank You for Supporting Acne, Hidradenitis Suppurativa, and Rosacea Education, Research, and Our Future Leaders in Dermatology

ABOUT THE AMERICAN ACNE AND ROSACEA SOCIETY (AARS)

The AARS, a 501(c)(3) non-profit Public Benefit Corporation founded in 2005 by practicing dermatologists and experts in the field, is the leading non-profit organization dedicated to professional education, patient care, and research related to acne and rosacea. The purpose of the AARS is to facilitate the exchange of knowledge and to stimulate education and research in both of these common skin conditions encountered in dermatology practice.

The AARS Board of Directors is seen below. Each officer is appointed to an action committee within the AARS including the Education Committee, PR/Website Committee, Executive Committee, Finance/Fundraising Committee, Grant Committee, and Membership Committee.

AARS OFFICERS

Andrea Zaenglein, MD, President
James Del Rosso, DO, President-Elect
Valerie Callender, MD, Treasurer
Bethanee Schlosser, MD, PhD, Secretary
J. Mark Jackson, MD, Immediate Past President

AARS DIRECTORS

Emmy Graber, MD
Jonette Keri, MD, PhD
Jonathan Weiss, MD

EXECUTIVE DIRECTOR

Stacey Moore, Physician Resources

For further information about the AARS or our initiatives, you may also contact Stacey Moore by email at info@aarsmember.org.

AARS

c/o Physician Resources, LLC
201 Claremont Avenue, Montclair, NJ 07042, USA
(973) 783-4575
www.acneandrosacea.org



AARS Board Members, pictured left to right: Emmy Graber, Andrea Zaenglein (President), Jonette Keri, and James Del Rosso (President-Elect)



AARS Past President Hilary Baldwin, Past Treasurer Josh Zeichner, and Past President Julie Harper

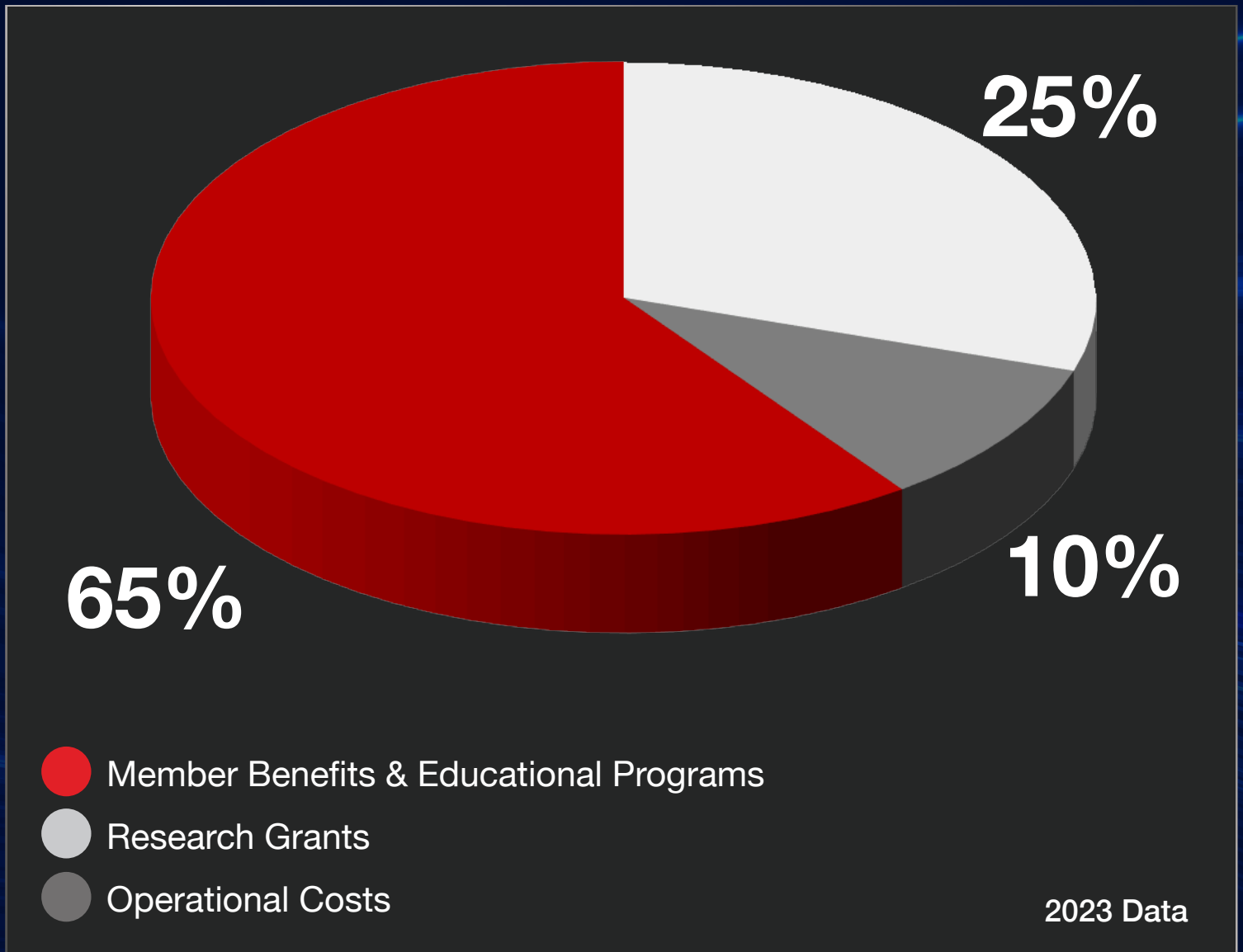


ABOUT US

We rely on our corporate partners in dermatology who are dedicated to advancing the science, education, and management of acne, rosacea, and hidradenitis suppurativa (HS), also known as acne inversa.

The AARS strongly urges the highest level of annual support and partnership of our initiatives and those of our Corporate Benefactors.

The AARS allocates the annual corporate contributions and membership dues in the following categories to support the mission of the Society:



AARS ANNUAL CORPORATE BENEFACTOR LEVELS

Corporate benefactor support and annual membership dues help support the activities and programs, as well as the operational requirements of the organization. The AARS Corporate Benefactors are acknowledged based on the overall total annual contribution.

DIAMOND BENEFACTOR*

- Provides for company feature/interview and live programming option at no additional fee
- Hotlink and product listing on AARS website
- Acknowledgement in exhibit booths throughout the year and in member communications
- Feature interview(s) with principals at company discussing commitment to acne, HS and/or rosacea
- Permits unlimited attendees to annual reception and scientific symposium at no additional fee
- Opportunities for special meetings of the AARS Board

≥\$75,000

PLATINUM BENEFACTOR*

- Hotlink to corporate website from AARS website
- Acknowledgement in AARS exhibit booth, e-newsletter and member communication
- Feature interview(s) with principals at company discussing commitment to acne, HS, or rosacea
- Permits 6 attendees to annual reception and scientific symposium at no additional fee
- Opportunity for one virtual meeting with the AARS Board

≤\$50,000

GOLD BENEFACTOR*

- Hotlink to corporate website from AARS website
- Acknowledgement in AARS exhibit booth, e-newsletter and member communication
- Feature interview with principals at company discussing commitment to acne, HS, or rosacea
- Permits 4 attendees to annual reception or scientific symposium at no additional fee

≤\$35,000

**Corporate Benefactors at the Silver level and higher are offered additional opportunities to contribute to and potentially participate in featured multi-sponsored educational and promotional initiatives.*



AARS ANNUAL CORPORATE BENEFACTOR LEVELS (cont.)

SILVER BENEFACTOR

- Permits 3 attendees to annual reception or scientific symposium at no additional fee
- Hotlink to corporate website from AARS website
- Acknowledgement in AARS exhibit booth and e-newsletter

≤\$20,000

BRONZE BENEFACTOR

- Permits 2 attendee to annual reception or scientific symposium at no additional fee
- Hotlink to corporate website from AARS website
- Acknowledgement in AARS exhibit booth and e-newsletter

≤\$10,000

CONTRIBUTING BENEFACTOR

- Permits 1 attendee to annual reception or scientific symposium at no additional fee
- Hotlink to corporate website from AARS website
- Acknowledgement in AARS exhibit booth and e-newsletter

≤\$5,000

All written commitments are due by February 23, 2024 with funds to be paid by April 30, 2024

**Corporate Benefactors at the Silver level and higher are offered additional opportunities to contribute to and potentially participate in featured multi-sponsored educational and promotional initiatives.*



ADDITIONAL AARS CORPORATE BENEFACTOR BENEFITS

AARS MANAGED CARE TASK FORCE: SPEAKER OR MATERIAL REQUEST

Upon request, an AARS Managed Care Task Force is available comprised of AARS leadership who will accompany Corporate Benefactors to meetings with internal stakeholders, payers, FDA, and others to discuss the importance of diagnosis and treatment of acne, rosacea, and hidradenitis suppurativa (HS).

The AARS representative does not accept any fees for their expertise or materials, but expenses are provided/reimbursed by the requesting organization.

We can also provide letters to insurance organizations discussing the importance of acne and rosacea treatment, if this is a way we can help you!

Don't hesitate to let us know how we can help!



James Grzegorzczak, RPh
Director of Pharmacy Services
BCBS/BCN of Michigan
20500 Civic Center Drive C303
Southfield, MI 48078
Via email: jgrzegorzczak@bcbsm.com

Dear Mr. Grzegorzczak,

As you may know, rosacea is a chronic dermatologic condition that affects an estimated 18 million Americans, and most commonly between the ages of 30 and 60.¹ More than 50% of the diagnostic visits for rosacea are with dermatologists and persistent erythema and symptom worsening are the chief complaints. Rosacea patients experience a high psychosocial impact, as well, resulting in feelings of frustration, disillusionment, embarrassment, lack of confidence, and poor self-esteem. Among patients with severe rosacea, approximately 70% claim that their disorder has had a negative effect on their professional relationships, and nearly 30% have missed work as a result of their condition.²

The American Acne & Rosacea Society (AARS), a 501(c)(3) nonprofit Public Benefit Corporation, have published numerous peer-reviewed publications on the management of rosacea, as well as updates on the pathophysiologic mechanisms, clinical manifestations, and overall management of rosacea.^{3,4} An important concept to recognize is that the term rosacea does not define one clinical presentation; this is a diagnosis that is made clinically and comprised of a variety of potential clinical manifestations that vary in presentation and magnitude among different patients. Rosacea presents with numerous symptoms including persistent erythema, flushing, papules, pustules, telangiectases, burning/stinging, edema, plaques, dryness, ocular manifestations and phymatous changes.⁵ Differentiating these

presentations from a clinical perspective is crucial as each requires a targeted treatment approach.

There are only two products approved by the FDA to treat the persistent facial erythema of rosacea and those are brimonidine tartrate topical gel 0.33% and oxymetazoline hydrochloride cream 1%. As α -2-adrenergic and α -1a adrenergic receptor agonists respectively, they work to lessen erythema by producing vasoconstriction in the skin. Oxymetazoline hydrochloride cream 1% was reported in phase 3 trials to reduce persistent facial erythema associated with rosacea in adults with excellent safety and tolerability.

The majority of currently approved medications for rosacea target only papules and pustules and do not target persistent facial erythema. It is important to our rosacea patients that they have access to products like oxymetazoline to diminish erythema through a focused and unique mechanism of action in the skin.

Warm regards,

Julie Harper, MD, FAAD
AARS President

References

1. Baldwin H. Psychosocial Implications of rosacea. *Dermatologist*. 2012;Suppl:2-4.
2. National Rosacea Society. *What is rosacea?* Available at: www.rosacea.org. Accessed July 10, 2007.
3. Del Rosso JQ, Baldwin H, Webster G, et al. American Acne & Rosacea Society Rosacea Medical Management Guidelines. *J Drugs Dermatol*. 2008;7:531-533.
4. Del Rosso JQ, Gallo RL, Tangherlini E, et al. An evaluation of potential correlations between pathophysiologic mechanisms, clinical manifestations, and management of rosacea. *Cutis*. 2013;91(suppl 3):1-8.
5. Wilkin J, Dani M, Detsmar M, et al. Standard grading system for rosacea: Report of the National Rosacea Society Expert Committee on the classification and staging of rosacea. *J Am Acad Dermatol*. 2004;50:507-912.

www.acneandrosacea.org



AARS MEMBER BENEFITS

ANNUAL AARS NETWORKING RECEPTION

Join us for our 18th Annual AARS Networking Reception on Friday, March 8, 2024 in San Diego, California! We will be convening in person with companies and members to celebrate the accomplishments of the AARS. Don't forget to check out the presentations of our AARS leaders from the podium, too.

AARS LAPEL PIN FOR MEMBERS AND CORPORATE BENEFACTORS

It is with great pride that the AARS honors its Members and Corporate Benefactors and provides them with a lapel pin to wear to promote the fastest growing Society in dermatology. Lapel pins are mailed and distributed at annual congresses throughout the year.

AARS MEMBERSHIP WEB AND OFFICE PROMOTION

AARS Members can promote their professional membership with pride by utilizing the AARS logo on their website and posting the AARS Member Certificate on their wall each year.

AMAZONSMILE FOUNDATION PARTNERSHIP

This initiative marries the idea of individual contributions by the public to a trusted non-profit such as the AARS with the convenience of on-line shopping on Amazon.com[®]. These monetary donations are charitable contributions which do not require an AARS Membership.





AARS MEMBER BENEFITS (cont.)

ACNE, HIDRADENITIS SUPPURATIVA AND ROSACEA WEB-BASED BIBLIOGRAPHY

Through the AARS website, Members may access the largest searchable database found on the web of articles related to acne and rosacea. In addition, reciprocal links to featured medical journals with related free access to articles and discounted subscriptions are included in the bibliography section. Send us your published work to add to this robust database.

PRIOR AUTHORIZATION LETTER TEMPLATES AND RELATED REFERENCES

Acne and rosacea are more than just cosmetic concerns! AARS Members may download the template for a customized prior authorization letter and the relevant references. This is convenient, easy to use, and is a great benefit to AARS Members.

CASE QUESTIONS / ADVICE FROM AARS LEADERSHIP

Have a significant case that makes you ask, “have you seen this, too?” and you’d love another opinion? Email info@aarsmember.org to find out what our AARS leadership would do! With your permission, we might feature this case or information in our newsletter or other materials.

AARS MEMBER BENEFITS *(cont.)*

MEMBER SURVEYS AND DATA COLLECTION

Utilize our AARS database to promote your next cause, collect information or raise awareness of your information! If you are an AARS member, it doesn't cost a thing.

Here's a sample:

Dear Colleagues:

I am a Board-Certified Dermatologist in Southern Indiana on faculty at University of Louisville and am very interested in acne and contributing to the field to further help more patients. I am working with Drs. Julie Harper and Hilary Baldwin and the American Acne and Rosacea Society to gather cases of patients with known Inflammatory Bowel Disease (IBD), Crohn's Disease or Ulcerative Colitis (UC), treated with oral isotretinoin.

There is no funding, including no industry funding, for this project. The controversy that exists with IBD and isotretinoin makes it difficult when we are faced with these patients. Since this is a common problem we face, we are working to put together data and hopefully develop a consensus opinion as there is little published data.

I am hoping to pull together several cases from dermatology providers and would really appreciate your help. This would provide greater insight into the use of isotretinoin in patients with known IBD and hopefully allow us, with the help of the AARS, to develop a consensus opinion. I have attached the questionnaire.

Please let me know if you have any cases of patients with known IBD that you treated with oral isotretinoin. I am hoping to gather as many cases as possible, but I need your help. If you have cases, please fill out the attached questionnaire for each patient and send back to me. If you have any questions, concerns or I can assist you in any way, please let me know.

Thank you for your time and assistance in helping us settle this controversy!

Megan N. Landis, M.D.

Clinical Associate Professor of Dermatology
University of Louisville School of Medicine
The Dermatology and Skin Cancer Center of Southern Indiana
Dermatology Specialists Research
meganlandis08@yahoo.com



Past Presidents Drs. Jackson and Kang with presenters at the AARS Scientific Symposium, 2019

SCIENTIFIC / EDUCATIONAL PROGRAMS & PUBLICATIONS

ANNUAL SCIENTIFIC SYMPOSIUM

We are pleased to host our 11th Annual AARS Scientific Symposium on Wednesday, May 15th, 2024 at the Society for Investigative Dermatology (SID) meeting at the Hilton Anatole in Dallas, Texas! This meeting features AARS grantees and young researchers who are invited to present and discuss their latest work. This free symposium, open to all SID attendees and AARS members, will continue to reinforce our position as the leading supporter of scientific exchange among acne, HS, and rosacea researchers and clinicians.

EXHIBIT BOOTH PRESENCE

We will continue to have a promotional presence at multiple exhibit opportunities to promote the Society and increase membership. Our leadership continues to present from the podium the latest acne, HS, and rosacea data and we love having a chance to speak to our membership in person! Corporate Benefactors also have the opportunity to promote the AARS members during the year with postcard announcements and other materials.

CLINICAL / RESEARCH AUDIOPEARLS AND AARS YOUTUBE CONTENT

Our mission is to provide a forum for the exchange of information about acne and rosacea. The AARS will continue to feature Clinical and Research Audiopearls on the AARS website and through YouTube. For this initiative, interviews are conducted between AARS members to discuss a timely topic in acne and rosacea science or treatment. They are then featured on the AARS Facebook page to convey key learnings on demand to the AARS followers.

'HOT TOPICS' E-BLASTS

(READ CONSISTENTLY BY MORE THAN 6K DERMATOLOGY HCPs!)

This bimonthly initiative, promoted via an email blast to Members and larger audiences, features pressing issues and concerns facing the dermatology medical community regarding acne and rosacea education, access, research and industry news. Corporate Benefactors are encouraged to submit specific topics for discussion or for AARS Members to highlight.



PROGRAMS & PUBLICATIONS (cont.)

ACNE MANAGEMENT RECOMMENDATIONS PEER-REVIEWED PUBLICATION AND VIDEO SERIES

The AARS is focused on creating updated information in the peer-reviewed literature on the latest acne treatment for all dermatology healthcare professionals. Check out our Hot Topics for more information in the coming months! We've also partnered with Karger Medical to produce several videos for promotion of the treatment recommendations distributed online at no charge.

AARS NICHE PEER-REVIEWED PUBLICATIONS IN ACNE AND ROSACEA

Topics submitted by AARS Members are reviewed by the Education Committee and the Executive Committee for publication. The articles are added to the educational material published by the AARS and promoted through e-blasts, on the web and at AARS events. An example of an article is the "Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients with a History of Pseudotumor Cerebri" published in *JAMA Dermatology*.

ABOUT MEMBERSHIP SPONSORSHIP OPPORTUNITIES APPLY NOW MEMBER LOGIN SEARCH

 American Acne & Rosacea Society™

INITIATIVES ▾ GUIDELINES ▾ RESEARCH ▾ UPDATES SUPPORT

Home / Initiatives / Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients With a History of Pseudotumor Cerebri

Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients With a History of Pseudotumor Cerebri

This report of cases describes the safe and successful use of therapeutic-dose oral isotretinoin in 3 patients with a history of pseudotumor cerebri. Drugs common in the treatment of acne vulgaris, such as minocycline and isotretinoin, have been reported in association with pseudotumor cerebri (PTC), which can lead to severe, irreversible symptoms, including vision loss. There is a paucity of data on isotretinoin use in patients with prior PTC.

JAMA Dermatol. 2015 Nov 18. doi: 10.1001/jamadermatol.2015.3447. [Epub ahead of print]

Suzanne J. Tintle, MD, MPH; Julie C. Harper, MD; Guy F. Webster, MD, PhD; Grace K. Kim, DO; Diane M. Thiboutot, MD;

[Click here to read the full publication.](#)

OBSERVATION

Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients With a History of Pseudotumor Cerebri

Drugs common in the treatment of acne vulgaris, such as minocycline and isotretinoin, have been reported in association with pseudotumor cerebri (PTC), which can lead to severe, irreversible symptoms, including vision loss. There is a paucity of data on isotretinoin use in patients with prior PTC.

Report of Cases | Case 1. A female patient in her teens presented with a 2-year history of severe, nodular, cystic acne of her face (Figure 1A), chest, and back with significant scarring. Her hormonal workup was unrevealing. Two years earlier, she had received minocycline for acne and had developed an unusually severe headache; lumbar puncture confirmed PTC. Prompt discontinuation of minocycline treatment led to long-term PTC symptom resolution. However, her acne was recalcitrant to treatment for several months with oral contraceptives, spironolactone (200 mg/d), topical antibiotics, and topical retinoids; she also required frequent intralesional triamcinolone for persistent painful cysts.

Isotretinoin therapy was initiated at 10 mg/d for 7 days, and the dose was increased slowly over 4 months to 40 mg/d; the patient noted skin dryness and facial erythema but developed no signs or symptoms concerning for PTC. After 9 months of isotretinoin therapy (cumulative dose, 120 mg/kg), her acne had markedly improved (Figure 1B).

 American Acne and Rosacea Society
201 Claremont Avenue

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ANNUAL GRANT PROGRAMS

CLINICAL RESEARCH GRANT AND RESEARCH SCHOLAR AWARDS

The AARS is proud to award research grants to help advance clinical science while nurturing young investigators in acne, HS, and rosacea. Research projects that are clinical/translational in nature receive preferential consideration by the AARS Grant Committee. The AARS does not fund projects that are part of the NIH intramural research program or award grants to private foundations that have no academic affiliation to dermatology. Dermatology residents and fellows, and recent graduates (within 5 years) of U.S. dermatology residency programs are eligible to apply for the research awards. The sponsor (project mentor) of the applicant must be a Member of the AARS, but may not apply for or be the named payee of the grant award.

In 2022, we increased to five Clinical Research Grant awards of \$10,000 each and one Research Scholar Grant award of \$75,000. All funds awarded are tracked and applied within 18 months of receipt. All grant awards are announced at the AARS annual scientific symposium and the awardee must submit a final report and present their findings to the AARS Membership. Their study results are featured on the AARS website, during our booth activities and member eblasts, in publications, and on social media.

LETTERS TO THE EDITOR

Effect of Tetracyclines on the Development of Vascular Disease in Veterans with Acne or Rosacea: A Retrospective Cohort Study

Journal of Investigative Dermatology (2014) 134, 2267–2269; doi:10.1038/jid.2014.148; published online 24 April 2014

TO THE EDITOR

Tetracyclines are commonly used for the treatment of acne and rosacea. In addition to their antibacterial properties, tetracyclines are increasingly being studied for other properties, such as their anti-inflammatory properties (Jackson *et al.*, 1999; Meier, 2000; Sho *et al.*, 2004; Griffin *et al.*, 2005; Tessone *et al.*, 2006; Hackmann *et al.*, 2008; Romero-Perez *et al.*, 2008; Griffin *et al.*, 2010). One can hypothesize that these qualities may have secondary benefits and a protective effect on other organ systems. We sought to test the hypothesis that tetracyclines used in acne and rosacea patients may have secondary benefits on the cardiovascular system, specifically, a decreased odds ratio of developing vascular diseases.

After approval by the Institutional Review Board at the Miami Veterans Affairs Health System, we used the electronic medical records from the veterans integrated service network-8 (which includes the Veterans Affairs medical centers of Bay Pines, Miami, West Palm Beach, Tampa, North Florida/South Georgia, and San Juan) to perform a retrospective observational cohort study and identify patients with the diagnosis of acne or rosacea using the International Classifications of Diseases, Ninth Revision, Clinical Modification (ICD-9) codes during the period of 1 July 2004 through 30 June 2010, allowing for at least 18 months of follow-up. We excluded any patient who had been diagnosed with vascular

disease before prescription of a tetracycline, or before the diagnosis of acne/rosacea. Demographic, clinic, and pharmacy data were extracted. Vascular disease was defined and identified using the ICD-9 codes for cardiovascular disease, cerebrovascular disease, atherosclerosis, and aortic aneurysm with or without rupture/dissection.

In a multiple logistic regression model, age, sex, and comorbidities (see Table 1) were included as covariates. The Hosmer–Lemeshow test was performed to assess goodness-of-fit. *P*-values were reported as two sided. Statistical analyses were performed using SAS software (Version 9.2, SAS Institute, Cary, NC).

In total, 13,847 patients matched our inclusion and exclusion criteria (Figure 1). Patients were further subdivided—to those with prior treatment with a tetracycline, and those without tetracycline treatment (control). Demographics can be found in Table 1. There were similar race profiles between control and treatment groups within both the acne and rosacea sets (data not shown). Similar rates of comorbidities were found between study and control groups (Table 1).

Of those rosacea patients who were treated with a tetracycline, 12.56% patients developed a new diagnosis of vascular disease compared with 17.15% of the control group. Overall, rosacea patients who were prescribed a tetracycline had an odds ratio of 0.69 for the development of vascular disease when compared with those not prescribed a

tetracycline (odds ratio 0.69 in the univariate model, 95% confidence interval (CI) 0.61–0.79, *P*<0.05; odds ratio 0.78 in the multivariate model, 95% CI 0.68–0.89, *P*<0.05) (Table 1).

Acne patients showed an odds ratio of 0.79 (95% CI 0.62–1.02) in a univariate model; however, the results were not statistically significant, and did not persist with the multivariate model.

The effect of treatment duration (<3 months, 3–12 months, >12 months of daily dosing with a tetracycline) was explored; however, the group sizes were too small to make meaningful conclusions (data not shown). Cumulative dose effect was not explored, nor was daily dosage.

A statistically significant decrease was found in the development of new aortic aneurysms in rosacea patients treated with doxycycline (*P*=0.007) (Table 1), although the number of cases was quite small. Other vascular diagnoses were not analyzed individually.

We found a potential association between the administration of tetracyclines and a decreased odds ratio for the development of vascular disease in veterans with rosacea. This study further contributes to the body of literature supporting an association between chronic low-grade inflammation and cardiovascular disease (Prodanowich *et al.*, 2005; Wang *et al.*, 2012). One can conjecture that the stabilization or inhibition of matrix metalloproteinases by tetracyclines has a beneficial effect on the vascular wall and/or calcifications in arteries.

We did not detect any benefit of tetracyclines in acne patients, possibly due to the inherent demographics of acne patients. The average age of our acne patients may be too young to

“

We thank the American Acne & Rosacea Society. We acknowledge Tongyu Cao for her assistance in grant proposal, and Robert Kirsner for his encouragement and mentorship. This study was funded by a resident grant from the American Acne & Rosacea Society.

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Abbreviations: CI, confidence interval; HR, hazard ratio; IBD, inflammatory bowel disease; ICD-9, International Classifications of Diseases, Ninth Revision, Clinical Modification; MMP, matrix metalloproteinase

Accepted article preview online 21 March 2014; published online 24 April 2014; published online 24 April 2014

AARS MULTI-SPONSORED INITIATIVES

The AARS is grateful for the support and partnership that helps us continue developing and promoting our mission. Each Corporate Benefactor at the Silver level or higher is offered the opportunity to support and benefit from these initiatives. The execution of each initiative is contingent upon full funding.

AARS ACNE, HS AND ROSACEA CME EDUCATION

AARS CME SLIDE MODULES

Target Funding:
\$125,000

This important national and regional-level initiative is designed to focus on creating a series of slide modules that can be accessed by AARS members on demand and will provide free AMA PRA Category 1 CME credit. Topics are designed to be modular and will include the Pediatric Acne Guidelines, Rosacea Treatment Guidelines, quality of life and burden of illness data, the Scientific Panel on Antibiotic Use in Dermatology publication outcomes, among others.

AARS REGIONAL VIRTUAL CME PROGRAMS

Target Funding:
\$250,000

The AARS has identified the need to provide more virtual programming to the dermatology healthcare community across major cities to continue to increase and maintain membership and to disseminate consistent messages by the AARS leadership regarding acne, HS, and rosacea diagnosis, treatment, burden of illness, acne scarring, and other topics. Because these are virtual, but yet live programming, every effort will be made to keep costs to a minimum for the speaker, and add convenience and value for the attendees who don't have to travel. Social media and website coverage of relevant specific events will also be arranged. Corporate benefactors may be permitted to distribute invitations and local representatives may attend the virtual events. Market research opportunities exist for the Gold, Diamond, and Platinum Corporate Benefactor.

AARS ON-DEMAND SPEAKER PROGRAMS ON SPECIFIC TOPICS

Target Endowment:
\$300,000

This initiative is the dream of AARS Founding President Dr. Guy Webster! Creating an endowment for additional funded program logistics allows for teaching hospitals, universities, national and regional level organizations, and Corporate Benefactors to consistently utilize the AARS website to request and confirm an AARS-trained speaker at educational events they may be hosting. Specific topics may also be requested in a didactic or case-based format. Audiences may vary based on the request, but include dermatologists, pediatricians, family practitioners, physician assistants, nurses, nurse practitioners, and residents.



AARS MULTI-SPONSORED INITIATIVES (cont.)



CUSTOMIZABLE AARS MEMBERSHIP LEGACY GIFT

Target Funding:

Dependent on Number of Awards and Membership Category Selected

Membership to AARS makes a great professional gift from organizations committed to dermatology, pediatrics, and family practice and makes a lasting impression! Eligible recipients would be notified through email blasts of the opportunity and receive free admission to the AARS annual meeting and other Member benefits for one calendar year.

The Corporate Benefactor support and further details can be provided upon request. Membership tiers are featured below with their annual dues for consideration.

Acknowledgement is provided of sole supporter or multiple supporters within all AARS publications, on the website and within all social media channels and AARS event materials. Levels of AARS Membership open for healthcare professionals in dermatology or related fields include:

- **Fellow (\$150 annual dues):** Any physician in the United States certified by the American Board of Dermatology or the American Osteopathic College of Dermatology or who has training approximately equivalent to the requirements for certification by the American Board of Dermatology (includes voting privileges).
- **Affiliate (\$100 annual dues):** Any nurse, nurse practitioner or physician assistant with a degree in a scientific discipline or allied health profession with involvement in dermatology that is employed by either a medical school, government or by a physician Fellow or Associate of AARS.
 - The Society of Dermatology Physician Assistants (SDPA) reports that from 2016-2017, there are 2,700 dermatology PAs – that is equal to a \$270,000 gift of AARS Membership compliments of your organization and promoted accordingly.
 - According to the Dermatology Nurses Association (DNA), there are 3,000 nurses in the field equal to a \$300,000 gift of AARS Membership compliments of your organization and promoted accordingly.
- **Resident (\$50 annual dues):** Any dermatology resident in good standing in training at any approved training center in the United States (non-voting membership).
 - According to the Accreditation Council for Graduate Medical Education (ACGME), there are 121 residency programs with 1,382 residents from 2016-2017. This would be equal to a \$69,100 gift of AARS Membership compliments of your organization and promoted accordingly.

