



American Osteopathic College of Occupational and Preventive Medicine

2025 Database Update

Name		Credentials	AOA#
**Preferred Mailing Address Is this address your <input type="checkbox"/> Home or <input type="checkbox"/> Office?		Please share your time and talent by serving on AOCOPM committees:	
		<input type="checkbox"/> Basic Course in Occupational & Environmental Medicine Faculty	
		<input type="checkbox"/> Communications & Publications Committee	
		<input type="checkbox"/> Continuing Medical Education Committee	
		<input type="checkbox"/> Correctional Medicine Task Force	
		<input type="checkbox"/> DOT FMCSA NRCME Course Faculty	
		<input type="checkbox"/> Faculty & Fellow Committee	
		<input type="checkbox"/> Finance Committee	
		<input type="checkbox"/> Membership Committee	
		<input type="checkbox"/> Outreach Committee	
Email		Committee information and eligibility requirements can be found:	
Office Phone		https://www.aocopm.org/committees-policies-and-bylaws	
**Home Phone			
**Mobile Phone			
Receive text messages from AOCOPM? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Texts normally refer to registration deadlines or discounts.</i>			

AOCOPM Divisional Preference:

(AM) Aerospace Medicine, includes Hyperbaric Medicine
 (OM) Occupational Medicine, includes Disability Impairment
 (PH) Public Health/Preventive Medicine, includes Correctional Medicine

Primary Specialty

Board Certification(s)

Practice Focus Area(s): «Practice_Focus_Areas»

- | | |
|--|--|
| <input type="checkbox"/> Aerospace Medicine | <input type="checkbox"/> Military-Active Duty |
| <input type="checkbox"/> Academics | <input type="checkbox"/> Military-Reserve Components |
| <input type="checkbox"/> Corporate Medical Director | <input type="checkbox"/> Occupational and Environmental Medicine |
| <input type="checkbox"/> Correctional Medicine | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Disability Impairment Evaluations | <input type="checkbox"/> Public Health and Preventive Medicine |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Hyperbaric Medicine and/or Wound Care | <input type="checkbox"/> Other _____ |

Would you like to serve as a mentor to student members? Yes No

****Home fields and cell numbers will not be shared with the public or printed in the directory****

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