



American College of Osteopathic Internists

NOMINATION TO THE COLLEGE OF FELLOWS

(Please type or print)

NAME _____ AOA # _____

ADDRESS _____

Telephone # _____ E-mail Address _____

College of Osteopathic Medicine _____ Graduation Year _____

Site of IM Residency _____ Dates _____

Site and Type of Subspecialty Residency _____ Dates _____

ACOI Active Member Since (year) _____

AOBIM Internal Medicine Certification Year _____ Certificate Number _____

ABIM Internal Medicine Certification Year _____ Certificate Number _____

Date of Last ACOI Annual Meeting attended (year) _____

Please list Hospital Staff Appointments _____

Please list all activity and service to the ACOI

Please list all continuing professional activities (i.e. teaching, membership and service to regional and national professional organizations, hospital committee work, research):

Please list any significant achievements in the practice of medicine and service to the public and community.

Are you now, or have you at any time in the past, been involved in any action or proceeding (regardless of outcome) involving denial, revocation, suspension, reduction, limitation, reprimand, censure, probation, non-renewal or voluntary relinquishment as follows (Please note: Any false statements will lead to denial, or revocation, of Fellow degree.):

- Medical license in any state Yes___ No___
- Other professional registration/license Yes___ No___
- Academic/faculty appointment Yes___ No___
- Membership on hospital staff Yes___ No___
- Clinical privileges Yes___ No___
- Membership in a professional society/fellowship/certification Yes___ No___
- DEA or other controlled substance registration Yes___ No___

Please add an attached sheet for any further information necessary to evaluate applicant.

SIGNATURE OF NOMINEE: _____
(printed name) (signature)

I attest that the above is true and complete to the best of my knowledge.

PRIMARY SPONSOR TO VERIFY ABOVE: _____
(printed name) (signature)

PLEASE NAME YOUR SECONDARY SPONSOR: _____
(printed name - no signature needed)

All Applications MUST include: A completed and signed application form, detailed letters of recommendation from the Primary and Secondary Sponsor and the Nominee's current Curriculum Vitae. **Materials should be mailed to the A.C.O.I. HONORS AND AWARDS COMMITTEE, 3 Bethesda Metro Center, Suite 508, Bethesda, MD 20814.**

For Honors and Awards Committee Use Only

Approved _____ Deferred _____ Date _____ Last Business Meeting _____

Reasons for Deferral: _____
