



## Application for Membership in ACOI Subspecialty Section

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|---|--|--|--|
| <input type="checkbox"/> ALLERGY/IMMUNOLOGY | <input type="checkbox"/> GASTROENTEROLOGY    | <input type="checkbox"/> INFECTIOUS DISEASES | <input type="checkbox"/> PALLIATIVE MEDICINE |
| <input type="checkbox"/> CARDIOLOGY         | <input type="checkbox"/> GERIATRIC MEDICINE  | <input type="checkbox"/> NEPHROLOGY          | <input type="checkbox"/> PULMONARY MEDICINE  |
| <input type="checkbox"/> CRITICAL CARE      | <input type="checkbox"/> HEMATOLOGY/ONCOLOGY | <input type="checkbox"/> NUCLEAR MEDICINE    | <input type="checkbox"/> RHEUMATOLOGY        |
| <input type="checkbox"/> ENDOCRINOLOGY      |  |  | <input type="checkbox"/> SLEEP MEDICINE      |

*Please Check the Box Next to the Requested Subspecialty*

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email Address \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Status at Hospital: (Active Staff, Member/ Department of Medicine, etc.) \_\_\_\_\_

What percentage of your entire medical practice is devoted solely to this subspecialty? \_\_\_\_\_ %

Training in Subspecialty: Location \_\_\_\_\_ Dates \_\_\_\_\_

AOBIM/ABIM Certification in Internal Medicine # \_\_\_\_\_ Date \_\_\_\_\_  
(circle one)

AOBIM/ABIM Certification in Subspecialty # \_\_\_\_\_ Date \_\_\_\_\_  
(circle one)

If you are not certified in the Subspecialty, provide date of board eligibility \_\_\_\_\_

I do hereby apply for membership in the subsection of \_\_\_\_\_  
of the American College of Osteopathic Internists and attest that the foregoing information is true and correct to the best of  
my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return or fax completed application to:*

**The American College of Osteopathic Internists • 3 Bethesda Metro Center • Suite 508 • Bethesda, MD 20814  
Fax (301) 656-7133 • (301) 656-8877 • Email: [acoi@acoi.org](mailto:acoi@acoi.org) • [www.acoi.org](http://www.acoi.org)**