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11400 Rockville Pike, Suite 801, Rockville, MD 20852 (301) 231-8877 (800) 327-5183 Fax (301) 231-6099  
www.acoi.org

## NOMINATION TO THE COLLEGE OF FELLOWS

*(Please type or print)*

NAME: \_\_\_\_\_ AOA #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL 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, and 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) **REQUIRED**

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

PRIMARY SPONSOR TO VERIFY ABOVE: \_\_\_\_\_  
(Printed name) (Signature) **REQUIRED**

PLEASE NAME YOUR SECONDARY SPONSOR: \_\_\_\_\_  
(Printed name)

**REQUIREMENTS FOR SUBMISSION:** Application MUST be completed and signed by nominee and primary sponsor, a detailed letter of recommendation from the primary sponsor, secondary sponsor's name and the nominee's current curriculum vitae. **Materials can be mailed to the ACOI HONORS AND AWARDS COMMITTEE, 11400 Rockville Pike, Ste 801, Rockville, MD 20852 or by email to [claudette@acoi.org](mailto:claudette@acoi.org) by April 30, 2019.**

**PLEASE NOTE: If you submit nomination materials via email, a hard copy is NOT needed. Both pages of the application form MUST be complete when you submit. Your signature as well as your primary sponsor's signature is required.**