



AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

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 by May 17, 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.