



American College of Osteopathic Internists

## Active Membership Application Form

11400 Rockville Pike • Suite 801 • Rockville, MD 20852 • 301 231-8877 • Fax 301 231-6099

PLEASE PRINT OR TYPE

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred  
Mailing Address \_\_\_\_\_ Name of Spouse \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

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

Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Internship Institution \_\_\_\_\_ Dates \_\_\_\_\_

Medicine Residency Training Institution \_\_\_\_\_ Dates \_\_\_\_\_

AOBIM Certification in Internal Medicine # \_\_\_\_\_ Dates \_\_\_\_\_

ABIM Certification in Internal Medicine # \_\_\_\_\_ Dates \_\_\_\_\_

Other Certification in Internal Medicine (please list) \_\_\_\_\_ Dates \_\_\_\_\_

Subspecialty Training Institution \_\_\_\_\_ Dates \_\_\_\_\_

AOBIM Certification in Subspecialty # \_\_\_\_\_ Dates \_\_\_\_\_

Other Subspecialty Certification (please list) \_\_\_\_\_ Dates \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note: Return or fax this application to the above address**

**FOR COLLEGE USE ONLY:** Member Form Received \_\_\_\_\_

Credentials Committee Action \_\_\_\_\_