



American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

# Active Membership Application Form

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

www.acoi.org acoi@aoi.org

PLEASE PRINT OR TYPE

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

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

Preferred \_\_\_\_\_

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

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

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

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

E-mail \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**APPLICATION MUST BE RETURNED WITH CURRENT CV OR COMPLETE  
ONLINE AT [WWW.ACOI.ORG](http://WWW.ACOI.ORG).**

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