



# ACOI MENTEE APPLICATION FORM (For Students)

Please Print

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Medical School \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

My plans are to practice internal medicine. I would like to stay connected with my osteopathic family and I would like an ACOI Mentor. I plan to spend my PGY 1 year at (if known):

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

I plan to spend my subsequent PGY years at (if different from above):

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

The address where my whereabouts will most likely always be known is:

Address \_\_\_\_\_

I have the following particular request(s) for the mentor that is chosen for me (geographic location, specialty, gender, type of practice, etc.)

Please complete application and fax to Brian J. Donadio, Executive Director at 301 231-6099 or mail to ACOI:



11400 Rockville Pike, Suite 801

Rockville, MD 20852

1 800 327-5183

www.acoi.org acoi@acoi.org