



# ACOI MENTOR APPLICATION FORM

Please Print

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

(Please circle one) Internal Medicine or Subspecialty (describe) \_\_\_\_\_

\_\_\_\_ I am close to \_\_\_\_\_ DO School  
and am willing to mentor students.

\_\_\_\_ I am close to \_\_\_\_\_  
ACGME Internal Medicine Residency and am willing to mentor residents.

\_\_\_\_ I can mentor long-distance via telephone, email, 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