



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

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__

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**

SECONDARY SPONSOR TO VERIFY ABOVE: _____
(Printed name) (Signature) **REQUIRED**

REQUIREMENTS FOR SUBMISSION: Application **MUST** be completed and signed by applicant, primary and secondary sponsor, 1 detailed letter of recommendation from the primary sponsor and the applicant's current curriculum vitae. **To ensure your submission is received, please email completed materials as one attachment directly to (claudette@acoi.org) by June 30, 2020.**

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 and secondary sponsor's signature is required.

OFFICE USE

Complete application with nominee's signature _____
Primary Sponsor's Signature _____
Secondary Sponsor's Signature _____
Primary Sponsor's Letter of recommendation _____
Current CV _____