

**American College of Osteopathic Internists
3 Bethesda Metro Center - Suite 508
Bethesda, MD 20814**

**ACOI NEW PROGRAM DIRECTOR CREDENTIALING FORM
(Internal Medicine and Subspecialty Training Programs)**

Newly appointed program directors of ACOI/AOA-approved internal medicine and medical subspecialty training programs are required to submit credentialing information to the ACOI upon appointment. **Please also include the CV of the proposed program director.**

Name of Program _____

Address _____

Type of Program (Internal Medicine, Cardiology, etc.) _____

New Program Director _____

E-Mail Address _____ AOA # _____
(Required)

Date and Number of Certification in the specialty by the AOA through the AOBIM

_____	_____	_____
Specialty	Date	Certificate #

_____	_____	_____
Specialty	Date	Certificate #

Recertification date (if applicable) _____

Date of completion of training _____

Date Approved _____
(completed by ACOI CEE)