



# 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 email to Kara Kerns, Post-Doctoral Training Specialist, at [kara@acoi.org](mailto:kara@acoi.org) or mail to ACOI:  
4250 N. Fairfax Drive, #600, Arlington, VA 22203

ACOI.org

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