



## ACOI MENTOR APPLICATION FORM

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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.

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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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