



ACOI MENTEE APPLICATION FORM

(FOR STUDENTS)

Please Print

AOA # _____ Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

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 serve my PGY 1 year at:

(Name of Institution) _____

Address _____ Phone _____

I plan to serve my subsequent PGY years at (if different from above):

Name of Institution: _____

Address _____ Phone _____

The address where my whereabouts will most likely always be known is:

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 fax to Brian J. Donadio, Executive Director at 301 656-7133 or mail to ACOI:



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Bethesda, MD 20814
1 800 327-5183
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