



AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

## Application for Candidate Membership

11400 Rockville Pike • Suite 801 • Rockville, MD 20852 • 301 231-8877 • Fax 301 231-6099

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ AOA# \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Academic Degree Date \_\_\_\_\_ - \_\_\_\_\_ School \_\_\_\_\_  
FROM TO

Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Internship Institution \_\_\_\_\_ Dates \_\_\_\_\_

Medicine Residency Training Institution \_\_\_\_\_ Dates \_\_\_\_\_

Date Appointed \_\_\_\_\_

I hereby certify that the above statements made by me are true to the best of my knowledge and belief and that I will give every possible aid to the Credentials Committee in its investigation of my qualifications as a candidate. I furthermore promise that if elected to candidacy in the American College of Osteopathic Internists, I will abide by the rules and regulations of the College and will endeavor to support the ethics of my profession and the good name of the American College of Osteopathic Internists and the osteopathic profession.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above statements are true to the best of my knowledge and belief and recommend this applicant to the Credentials Committee and to the Board of Directors of the American College of Osteopathic Internists for Candidate Membership.

Signature of Program Director \_\_\_\_\_ Date \_\_\_\_\_

---

---

**Note: Return or fax this application to the above address**

**FOR COLLEGE USE ONLY:** Application Received on \_\_\_\_\_