AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

Request for Emeritus Status

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

PLEASE PRINT OR TYPE

INSTRUCTIONS:

The ACOI Bylaws provide that an An Active member who has been in good standing continuously for thirty-five (35) years, is eligible for Emeritus Membership Status by submitting a written request to the Executive Director and approval of two-thirds of the Board of Directors. Emeritus members may have the full privileges of Active membership except the right to hold office or to vote. To request Emeritus status, complete the form below and mail it to the ACOI Executive Director at the address or Fax number above. Your request will be considered at the next Board of Directors meeting and notification will be made within 30 days of the meeting.

Name of Active Member_____AOA#_____

Preferred Mailing Address_____

City_____State_____ZIP_____

Phone_____ FAX_____

Email Address_____Cell Phone_____

Year Active Membership Commenced_____

Reason for Status Change (please check one)

☐ Retirement Effective Date_____

☐ Full Disability Effective Date_____

If currently a member of an ACOI Subspecialty Section, would you like to continue? ☐ YES ☐ NO

I certify that the above information is correct. I also promise to notify the ACOI immediately in the event that I return to active practice or my disability is corrected.

Signature of Applicant_____Date_____

Note: Return or fax this application to the above address

FOR COLLEGE USE ONLY: Application Received on_____

Credentials Committee Action_____

Board Action_____

Active Membership Year_____

Recommendation_____

Notification of Member_____