AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

Application for Membership in ACOI Subspecialty Section

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

PLEASE PRINT OR TYPE

- ☐ ALLERGY/IMMUNOLOGY
- ☐ CARDIOLOGY
- ☐ CRITICAL CARE
- ☐ ENDOCRINOLOGY
- ☐ GASTROENTEROLOGY
- ☐ GERIATRIC MEDICINE
- ☐ HEMATOLOGY/ONCOLOGY
- ☐ INFECTIOUS DISEASES
- ☐ NEPRHOLOGY
- ☐ NUCLEAR MEDICINE
- ☐ PALLIATIVE MEDICINE
- ☐ PULMONARY MEDICINE
- ☐ RHEUMATOLOGY
- ☐ SLEEP MEDICINE

Name_____AOA#_____

Preferred Mailing Address_____

City_____State_____Zip_____

Home Phone_____Work Phone_____

Fax_____Email_____

HospitalAffiliation_____

Address_____

City_____State_____Zip_____

Staus at Hospital: (Active Staff, Member/Department of Medicine, etc.)

_____

_____

What percentage of your entire medical practice is devoted solely to this subspecialty?_____%

Training in Subspecialty: Location_____Dates_____

AOBIM/ABIM Certification in Internal Medicine #_____Date_____
(circle one)

AOBIM/ABIM Certification in Subspecialty #_____Date_____
(circle one)

If you are not certified in the Subspecialty, provide date of board eligibilty_____

I do hereby apply for membership in the subsection of_____ of the American College of Osteopathic Internists and attest that the foregoing information is true and correct to the best of my knowledge.

Signature_____Date_____

Please mail or fax completed application to the address above.