



ACOI MENTEE APPLICATION FORM (For Students)

Please Print

AOA # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ 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 spend my PGY 1 year at (if known):

Name of Institution _____

Address _____

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

Name of Institution _____

Address _____

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

Address _____

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 email to Kara Kerns, Student and Resident Program Manager, at kara@acoi.org.

ACOI.org

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