



ACOI MENTOR APPLICATION FORM

Please Print

AOA# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

(Please circle one) Internal Medicine or Subspecialty (describe) _____

____ I am close to _____ DO School
and am willing to mentor students.

____ I am close to _____
ACGME Internal Medicine Residency and am willing to mentor residents.

____ I can mentor long-distance via telephone, email, etc.

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

ACOI.org

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