

**COMMITTEE ON FELLOWSHIP OF THE
AMERICAN ACADEMY OF OSTEOPATHY
APPLICATION**
(Please Print or Type)



NAME: _____
(Last) (First) (Middle)

ADDRESS (Office): _____

Telephone: (____) _____ Email: _____

ADDRESS (Residence): _____

Telephone: (____) _____ Email: _____

GRADUATE OF: _____
(Osteopathic College) (Year)

INTERNSHIP: Hospital/Dates _____

Address _____

POST DOCTORAL EDUCATION: _____
(Please include all dates)

YEARS IN PRACTICE: _____ ARE YOU NOW IN ACTIVE PRACTICE? _____
Please include a copy of your current license to practice

NUMBER OF YEARS MEMBER OF:

American Academy of Osteopathy _____ years: from _____ to _____

American Osteopathic Association _____ years: from _____ to _____

AOA NO: 00- _____

Divisional Society years: from _____ to _____

Name Printed

Signature

Date

PLEASE
PLACE
RECENT
PHOTOGRAPH
(Head and Shoulder Pose)
HERE

See "Information for Applicants" brochure for Prerequisites and Requirements for Fellowship.
Send Completed Application and Fee to: Committee on Fellowship of the American Academy of Osteopathy,
3500 DePauw Boulevard, Suite 1080, Indianapolis, Indiana 46268.
Telephone number (317) 879-1881; Fax number (317) 879-0563; Email: djohnson@academyofosteopathy.org

COMMITTEE ON FELLOWSHIP OF THE AMERICAN ACADEMY OF OSTEOPATHY



Name: _____

Date of Birth: _____ Place of Birth: _____

a) Please list all formal education and training from high school to present (include location, institution and dates attended).*(Use separate sheet, if necessary.)

<u>School</u>	<u>Location</u>	<u>Dates attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Please list practice locations since receiving D.O. degree (include years in each location).*

<u>Practice Locations</u>	<u>Years</u>
_____	_____
_____	_____
_____	_____

c) Have you had any malpractice actions brought against you or are there any pending?
 _____yes _____no (If "yes", please attach additional documentation)

MALPRACTICE LIABILITY INSURANCE DATA:

NAME OF CARRIER: _____ AMOUNT OF COVERAGE: _____

POLICY NUMBER: _____ EXPIRATION DATE: _____

d) Have you in the past or do you currently hold a federal or state controlled substance registration?
 _____yes _____no
 If yes, has this registration ever been limited or revoked?
 _____yes _____no (If "yes", please attach additional documentation)

e) Have you ever held privileges on a hospital staff? _____yes _____no
 If yes, have any privileges been revoked or limited?
 _____yes _____no (If "yes", please attach additional documentation)

f) Have you ever had your license to practice medicine revoked or limited?
 _____yes _____no (If "yes", please attach additional documentation)

g) Have you had corrective or disciplinary action taken against you, during the past year, by a medical staff, medical society, state or federal licensing agency or academic institution?
 _____yes _____no (If "yes", please attach additional documentation)

h) Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization or academic institution?
 _____yes _____no (If "yes", please attach additional documentation)



- i) Are there currently any proceedings pending license or hospital staff privileges?
_____yes _____no (*If "yes", please attach additional documentation*)

PLEASE ATTACH COPIES OF THE FOLLOWING: (Items marked with * must show expiration date)

Certificate of Insurance or face sheet from malpractice insurance policy*	AOA CME printout for past three (3) years and/or CME certificates of courses not recorded
State Medical License*	Current CV or list of places you have worked in the past five (5) years (name(s), date(s) and complete address(es))
State Controlled Substance Registration Certificate*	
DEA Controlled Substance Registration Certificate*	
CSPOMM or C-NMM/OMM Certificate	

List contributions made to the development and use of the distinctive phases of Osteopathic Medicine in **AT LEAST FOUR** of the following areas: [**Use separate sheet(s)**].

- a. Contribution to osteopathic literature. (Specific publication etc. should be listed.)
- b. Development of osteopathic theory and/or manipulative method or procedure.
- c. Research related to osteopathic theory and practice.
- d. Contributions in the field of osteopathic education:
 - Faculty (College, AAO, Cranial, etc.)
 - Visiting Clinician
 - Visiting Scientist
 - Preceptorship Activity
 - Clinical and/or Hospital Supervision
- e. AAO Organizational Activity (Boards, Committees, etc.)
- f. Public Relations:
 - Community activity
 - School Physician
 - Sponsor of Health Activity, etc.
 - Service to the Public and Public Health
- g. Administrative service to the profession (Dean, Medical Director, Chief of Staff, Carrier Advisory Committee, Department Chairs, Committee Chairs on staff, etc.)

PROPOSED SUBJECT OF SCIENTIFIC PAPER/THESIS

A proposed abstract of the scientific paper/thesis and references shall be attached to this application

TITLE: _____

CODE OF ETHICS: The Code of Ethics of the Committee shall be the Code of Ethics of the American Osteopathic Association. The Examination Committee shall satisfy itself that the candidate has a good knowledge of the Code of Ethics of the AOA. Withholding or misrepresentation of specifically requested information will be cause for dismissal from this process or revocation of a previously granted fellowship award.

Signature

Name printed