

APPLICATION FOR FELLOWSHIP

Applications accepted through December 1, 2020 for the Class of 2021

Please type all responses			
Name:			
Address:			
City:		State:	Zip:
Phone:	E-mail Ac	ldress:	
ACOEM MEMBERSHIP Applicants must be an Active Member this requirement. Active Member year		and Resident Members	hip years do not apply toward
ID Number (if known)	First Year as an A	COEM Active Member (if known)
TRAINING AND LICENSURE			
Medical School	Degree		Dates
Internships and Residencies	Name of Hospital / Pro	gram	Dates
Other Postgraduate Training	Location		Dates
State(s) in which license is held	Date of Issuance	Is license active?	Expiration Date
			•
Have you ever been denied licensure	to practice medicine or beer	n disciplined by a licensi	ng board?
No Yes			
Has your license to practice medicine	ever been revoked or suspe	nded?	
No Yes			

BOARD CERTII Board certifice		is required to apply fo	or ACOEM Fellowship.	
Are you ABPM	Board Certified in oc	cupational medicine?	Yes No	
If you are not	certified in occupation	onal medicine, please o	complete this section:	
ABMS	Board Certified in (na	ame specialty)	Y	ear
Evider	Completion of the M additional 50 hours of component meetings Completion of 100 h	of ACOEM CME* in the s. Please attach proof o	etermined by the Comm previous 5 years (15 of of attendance.) in the previous 5 years (nittee of Fellowship Examiners) plus an these CME hours can come from 30 of these CME hours can come from
Fellowship. • Please • In add Fellow directl candid	vitae, narrative statent attach a current CV. ition, the applicant m with the committee may by from the author to late. <u>Responsibility fo</u>	nust have two letters of NOT write letters of re the attention of the Fe r these letters is solely	f recommendation, one ecommendation.) Letterellowship Committee at <u>I</u>	by an ACOEM Fellow. (Members of the s, on letterhead, should be sent Fellows@acoem.org, not to the COEM will not contact references.
satisfic public applica	ed through a multitud ations, meeting atten ant's interest in or pa	de of activities including dance, or committee s th to OEM.	g but not limited to teac ervice. Statements shou	hing, presentations, public advocacy, ild reference contributions and not the
	R CONTRIBUTIONS TO	O ACOEM. Do not inclu Position	Term Dates	Responsibilities
				· ·
ACOEM Section	on Name	Position	Term Dates	Responsibilities
ACOFM Com	mittee Name	Position	Term Dates	Responsibilities
ACOLIN COM	militari e	rosition	Term Butes	пеорополяние
АОНС		Poster Presentation	, Session Presenter or M	loderator Details

> APPLICANT SIGNATURE

In making application for Fellowship in ACOEM, I certify that I meet the requirements for Fellowship as stated in the Bylaws and Policies and Procedures. The pertinent sections of which are as follows:

Bylaws Article IV, Section 3 (a) Fellow. Any physician who meets all of the following criteria shall be eligible to apply to become a Fellow:

- (i) has held membership in the College as a Master or Active Member for a period of no fewer than three (3) years;
- (ii) possesses a high level of documented expertise in occupational and environmental medicine and meets other requirements of the College as determined by the Committee of Fellowship Examiners under the policies and procedures of the College.

Policies and Procedures Section 3.06 Fellows who allow their membership to lapse will be contacted by the President, Executive Director and/or chair of the Committee of Fellowship Examiners to advise them that unless they reinstate their membership, they are no longer eligible to use the FACOEM designation. Lapsed Fellows may resume using their FACOEM designation if they reinstate within 2 years. The Executive Director has the authority to approve on a case-by-case basis, instances where a lapse in is more than 2 years, with consultation from the Executive Committee and Committee of Fellowship Examiners as necessary, provided there is good reason for the lapse such as illness.

By signing this application, I certify that the information is accurate and complete to the best of my knowledge, and I agree to conduct my professional activities in accordance with the ACOEM Code of Ethics. I understand that maintaining unrestricted licensure is a requirement for membership in the College and I will advise the College in a timely manner of any final disciplinary action by any state in which I am licensed. I also understand that any intentional misrepresentation of the material contained in this application, or violation of the Code of Ethics could result in loss of Fellowship status and/or expulsion from the College membership.

Signature of Applicant:	Date:	

APPLICATION SUBMISSION

Return this completed application, supporting materials, and your \$175 non-refundable application fee to ACOEM. Applications may be submitted via email to Fellows@acoem.org, fax to 847-818-8347, or mail to:

American College of Occupational and Environmental Medicine Attn: Fellowship Examiners 25 Northwest Point Blvd., Suite 700 Elk Grove Village, IL 60007-1030

Payment Method:

	Check enclosed (pay to the order of ACOEM)
\Box	Please email me a secure Credit Card Payment link

Please note applications will not be reviewed by the Fellowship Committee until a completed application, CV, narrative statement, two reference letters, and payment are received. All items must be received by the December 1st, 2020 deadline to be considered for the Class of 2021.