



APPLICATION FOR FELLOWSHIP

Application Submission Window is May 1-November 1 for the Class of 2020

Please type all responses

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

▶ ACOEM MEMBERSHIP

Applicants must be an Active Member for three (3) years. Student and Resident Membership years do not apply towards this requirement. Active Member years need not be consecutive.

ID Number (if known) _____ First Year as an ACOEM Active Member (if known) _____

▶ TRAINING AND LICENSURE

Medical School	Degree	Dates

Internships and Residencies	Name of Hospital / Program	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 been disciplined by a licensing board?

No _____ Yes _____

Has your license to practice medicine ever been revoked or suspended?

No _____ Yes _____

▶ BOARD CERTIFICATION

Board certification in any specialty is required to apply for ACOEM Fellowship.

Are you ABPM Board Certified in occupational medicine? Yes___ No___

If you are not certified in occupational medicine, please complete this section:

ABMS Board Certified in (name specialty) _____ Year _____

Evidence of education and experience in OEM. **(Please check one)**

- Completion of the MPH or equivalent (as determined by the Committee of Fellowship Examiners) plus an additional 50 hours of ACOEM CME* in the previous 5 years (15 of these CME hours can come from component meetings. Please attach proof of attendance.)
- Completion of 100 hours of ACOEM CME* in the previous 5 years (30 of these CME hours can come from component meetings. Please attach proof of attendance.)

▶ SUPPORTING INFORMATION

A Curriculum Vitae, narrative statement, and letters of recommendation are also required to apply for ACOEM Fellowship.

- Please attach a current CV.
- In addition, the applicant must have two letters of recommendation, one by an ACOEM Fellow. (Members of the Committee of Fellowship Examiners may NOT write letters of recommendation.) Letters of recommendation should be sent directly from the author to the attention of the Fellowship Examiners at ACOEM Headquarters, not to the candidate. Responsibility for these letters is solely that of the applicant.
- Please attach a one-page narrative report of your contribution to the field of OEM that are above and beyond the scope of daily work responsibilities. This requirement may be satisfied through a multitude of activities including but not limited to teaching, presentations, public advocacy, publications, meeting attendance, or committee service.
- Please provide your contributions to ACOEM.

Component Name	Position	Term Dates	Responsibilities

Section Name	Position	Term Dates	Responsibilities

Committee Name	Position	Term Dates	Responsibilities

AOHC Year of Attendance	Attendance, Poster Presentation, Session Presenter or Moderator 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. You may also use this form to fax your application fee, using a credit card, to 847-818-8347, or mail to ACOEM at:

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)

Please Charge: Visa MasterCard Amex Discover

Credit Card Number

Expiration Date

CVV

Signature