AOCPMR FELLOWSHIP APPLICATION FORM

Application Form

Please complete this form in its entirety and submit it to
AOCPMR
5133 Harding Pike, B 10 #380
Nashville, TN 37205
or via email (betsy.hilt@aocpmr.org)
along with all supporting documentation

AOCPMR | American Osteopathic College of Physical Medicine & Rehabilitation

FELLOWS APPLICATION FORM

Part A: To Be Completed by the Nominating Fellow

_____
Nominator's Name

_____
Address

_____
City, State, Zip Code

I would like to nominate the following AOCPMR Member for the honorary title of Fellow of the American Osteopathic College of Physical Medicine and Rehabilitation (FAOCPMR-D):

_____
Candidate's Name

_____
Address

_____
City, State, Zip Code

Part B: To Be Completed by the Nominating D-Fellow on behalf of the Nominee:

A. Current certification by the AOBPMR or ABPMR ____Yes ____No

Certificate #_____ Date _____

Recertification Date (if applicable) _____

Certifying Board (Check One) ____AOBPMR_____ABPMR

B. Continuous membership in the AOCPMR for 5 years **prior** to the next AOCPMR Mid Year Membership Meeting. ____Yes ____No

Member since:_____(Year)

C. Attendance at 2 AOCPMR General Membership Meetings in the 5 year period prior to application.

List Meeting dates:

_____

_____

_____

_____

Attendance at 2 AOCPMR-sponsored national CME meetings in the 5-year period prior to application for Fellowship (these may include: AOCPMR Mid Year Meeting and Scientific Seminar, AOCPMR Annual Meeting, Interventional Pain Management Course, Musculoskeletal UltraSound Course). You must be a registered participant to utilize this qualification.

List Meeting Dates and Course Title:

_____

_____

D. High professional standing as evidenced by <u>two</u> of the following:

1. Publication of scientific articles or reference materials in the field of Physical Medicine and Rehabilitation in nationally peer-reviewed periodicals with references to the publication in which the article was published.

Publication Name: _____

Publication Name: _____

2. Past or present membership on an AOCPMR Committee

Committee Name:_____Dates of Service:_____
Committee Name:_____Dates of Service:_____
Committee Name:_____Dates of Service:_____

3. Past or present member of the AOCPMR Executive Council ____Yes ____No

   Dates of Service: _____

4. Faculty appointment in Physical Medicine and Rehabilitation at an accredited College of Osteopathic Medicine or College of Medicine accredited by the AOA or AMA, respectively.
   ____Yes _No Academic

   Rank and Institution:

   _____

   _____

5. Physical Medicine and Rehabilitation Residency Director or faculty member

   Hospital Name: _____

   Dates: _____

6. Advanced academic degree or fellowship training

   Degree Attained: _____

   Institution: _____

   Graduation Date:_____

   Fellowship: _____

   Training Institution: _____

   Graduation Date:_____

7. Past or present activity as an Examiner for or involvement in test development and/or administration of the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR) or the American Board of Physical Medicine and Rehabilitation (ABPMR). ____Yes ____No

   Describe and provide dates of activity:

   _____

   _____

8. Verification of significant contribution to the specialty of Physical Medicine and Rehabilitation in the Osteopathic Profession. ____Yes ____No

   Describe:

   _____

   _____

   _____

   _____

Please attach a passport sized (2”x2”) photo of the candidate here:

I hereby certify that the above information is true and accurate.

Candidate Signature:_____ Date: _____

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Please return this completed form and a copy of your current CV. The letter of recommendation of the nominating physician **must** accompany nominations. Nominations received by the AOCPMR and postmarked after August 15 will be accepted for consideration at the AOCPMR Mid Year Meeting and Scientific Seminar in the spring. Nominations received by the AOCPMR and postmarked before August 15 will be accepted for consideration at the OMED meeting in the fall.

Please note that the American Osteopathic College of Physical Medicine and Rehabilitation reserves the right to request further clarification by letter, submission of further information or appearance before the Fellowship Committee prior to action on this request. **Nominations will not be reviewed without the submission of a letter from the Nominating Fellow, current CV of the Nominee and a photo.** Nominating Fellows may not nominate more than one (1) candidate per application period.

Nominator's Signature:_____ Date: _____