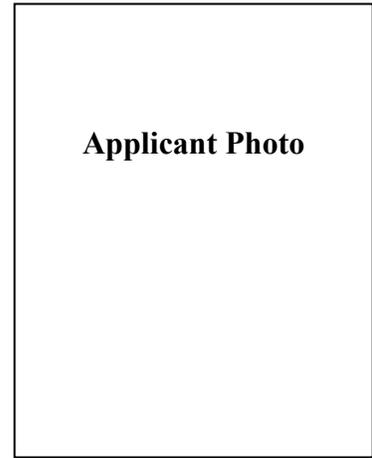




AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE



Applicant Photo

FELLOWSHIP APPLICATION

This application must be signed by your **current** component officer.)

Return this completed application and documentation, along with your \$100 non-refundable payment to ACOEM. You may also use this form to fax your application fee by credit card to (847) 818-8347, or mail to ACOEM at:

American College of Occupational & Environmental Medicine
1114 N. Arlington Heights Road
Arlington Heights, IL 60004 USA

Name

Professional Address

City State Country Zip Code

Home Address

City State Country Zip Code

Work Telephone Number Home Telephone Number

E-mail Address

Pre-medical education school or college -- degrees and dates:

Medical school attended -- degrees and dates:

Internships and residencies -- names, locations of hospitals and dates:

Other postgraduate training -- location and dates (detail):

Medical school teaching appointments (detail including relevance to occupational/environmental medicine):

When did you become a member of ACOEM? _____

To which ACOEM component society do you presently belong? _____
(Does not apply to Direct Members)

Please list one or more medical specialty boards and date of certification. (Fellowship applicants are required to have such certification):

List states (or countries) in which you are or have been licensed to practice medicine and the years such licenses were received and expiration dates of licenses no longer in force:

State in which license is held	Date of Issuance	Check if this license is Active?	Expiration Date
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>
<hr/>	<hr/>	<input type="checkbox"/> Active	<hr/>

Have you ever been denied licensure to practice medicine or been disciplined by a licensing board? If so, please explain:

Has your license to practice medicine ever been revoked or suspended? If so, please explain:

List all professional societies of which you are a member and include the year of affiliation:

List professional organization, particularly those in occupational/environmental medicine, in which you have held office, the name of the office held and year(s) of term(s):

List contributions to professional occupational and environment medicine peer reviewed literature, giving title, name of publisher and date of publication. Use separate sheet if necessary. Attach one reprint of each journal contribution.

How long have you been actively engaged in occupational/environmental medicine? _____

How many years in full time occupational/environmental practice? _____

Percentage of present practice devoted to non-occupational/environmental practice: _____

List in chronological order all professional work experience in occupational/environmental medicine:

Organization	Full/Part Time	Begin Date	End Date
A _____			
B _____			
C _____			
D _____			
E _____			

Describe full scope of present occupational medical practice:

The deadline for receipt of application with documentation at National Headquarters is November 1.

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

Article IV, Section 3 (a), Fellowship--Fellows shall be elected from physicians who have been ACOEM members for three (3) years and meet the following qualifications:

1. The applicant must have been engaged in the practice of occupational medicine on a full-time basis for three (3) years;
2. The applicant must have possession of a high level of expertise in occupational medicine as evidenced by certification from the American Board of Preventive Medicine or another medical specialty board or other documented expertise in occupational medicine acceptable to the Board of Examiners for Fellow Candidates **and** the candidate must meet those other requirements of the College as determined by the Board of Examiners for Fellow Candidates under the rules and procedures of the College;
3. The applicant must have letters of recommendation from two (2) Fellows. Letters of recommendation should be sent **directly from the author to the Board of Examiners, not to the candidate. Letters which are forwarded from the candidate to the Board of Examiners are not acceptable.** Responsibility for these letters is solely that of the applicant.
4. The applicant must have attended at least two national ACOEM meetings (one within the last 3 years).
5. The applicant must have attended at least two regional component society meetings (one within the last 3 years).

Signature of Applicant _____ Date _____

COMPONENT SOCIETY ENDORSEMENT:

Endorsement of a current ACOEM component society officer is required. If you are a direct member, and thus do not belong to a component society, the letters of recommendation from two (2) Fellows will suffice.

ENDORSED: (You may not sign your own application.) Date _____

Current Component Society Officer Name: _____
PLEASE PRINT HERE

Current Component Society Officer Signature: _____
PLEASE SIGN HERE