



Return this completed application, a CV 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

ID Number (if known) \_\_\_\_\_ Year of ACOEM Membership (if known) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Medical School	Degrees	Dates

Internships and Residencies	Name/Address of Hospital	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 \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your license to practice medicine ever been revoked or suspended? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you Board Certified in occupational medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach a one page narrative report of your contribution to ACOEM, components or the field of OEM. 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.**

**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 – provided proof of attendance is attached)
- Completion of 100 hours of ACOEM CME\* in the previous 5 years (30 of these CME hours can come from component meetings – provided proof of attendance is attached)

\* ACOEM CME will be verified by ACOEM staff.

**The deadline for receipt of application at National Headquarters is November 1.** Any applications received after that date will automatically go into the next year's class of Fellows.

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

(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.*

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.

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 Ethical Conduct. 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 Ethical Conduct could result in loss of Fellowship status and/or expulsion from the College membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method:**  Check enclosed (pay to the order of ACOEM)

**Please Charge:**  Visa  MasterCard  Amex  Discover

\_\_\_\_\_  
Credit Card Number Expiration Date

\_\_\_\_\_  
Signature