



## AOGME COLLEGIUM OF FELLOWS NON-PHYSICIAN APPLICATION

As of January 1, 2018, the Association of Osteopathic Directors and Medical Educators (AODME) became part of AACOM as the Assembly of Osteopathic Graduate Medical Educators (AOGME). Activities you engaged in as an AODME member will count as AOGME activities.

NAME: \_\_\_\_\_  
Last First Middle Initial Date of Birth

ADDRESS: \_\_\_\_\_  
Organization/Educational Institution/Program  
\_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

TITLE: \_\_\_\_\_ Date Started: \_\_\_\_\_

### UNDERGRADUATE EDUCATION:

College/University Degree Dates

College/University Degree Dates

### GRADUATE EDUCATION:

College/University Degree Dates

College/University Degree Dates

# AOGME

ASSEMBLY OF OSTEOPATHIC  
GRADUATE MEDICAL EDUCATORS



## POSTGRADUATE TRAINING AND DATES:

Fellowship(s): \_\_\_\_\_

\_\_\_\_\_

Assistantship(s): \_\_\_\_\_

\_\_\_\_\_

Teaching Appointment(s): \_\_\_\_\_

Other Hospital Affiliation (Dates & Current Status): \_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL MEMBERSHIP(S): (Professional Society, Academic Organization, etc.)

\_\_\_\_\_ Membership Dates: \_\_\_\_\_

\_\_\_\_\_ Membership Dates: \_\_\_\_\_

\_\_\_\_\_ Membership Dates: \_\_\_\_\_

Other (List Effective Dates): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPONSORSHIP:

Please list the name and address of your sponsor from the Collegium.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed this application and documentation and feel that it is complete.\*

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE REMEMBER TO SUBMIT YOUR [\\$100 APPLICATION FEE](#), C.V. AND OTHER DOCUMENTATION OF YOUR ACTIVITIES BY DECEMBER 1, 2023. PLEASE SEND DOCUMENTS TO [AOGME@AACOM.ORG](mailto:AOGME@AACOM.ORG).

\*Per Par. 5.3, Regulations Governing Fellowship, please attach a letter of support from the Collegium Fellow Sponsor.