

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/Pro	ogram		
Street	City	State	Zip	
Telephone:	Fax:	Email:		
TITLE:		Date Started:		
UNDERGRADUATE EDUCAT	ION:			
College/University	Degree		Dates	
College/University	Degree		Dates	
GRADUATE EDUCATION:				
College/University	Degree		Dates	
College/University	Degree		Dates	



AAC®M

POSTGRADUATE TRAINING AND DATES:

Fellowship(s):		
Assistantship(s):		
Teaching Appointment(s):		
Other Hospital Affiliation (Dates & Current Status):		
PROFESSIONAL MEMBERSHIP(S): (Professional Sc	ociety, Academic Organization, etc.)	
	Membership Dates:	
	Membership Dates:	
Other (List Effective Dates):		
Applicant's Signature:		
SPONSORSHIP:		
Please list the name and address of your sponsor fr	rom the Collegium	
- Tiedse list the Harrie and address of your sportsor if		
I have reviewed this application and documentation	n 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, 2025. PLEASE SEND DOCUMENTS TO AOGME@AACOM.ORG.

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