



AOGME COLLEGIUM OF FELLOWS 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). In this document, 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: _____

EDUCATION:

College/University _____ Degree _____ Graduation Date _____

Osteopathic Education _____ Degree _____ Graduation Date _____

INTERNSHIP:

Hospital _____ Type _____ Dates _____

RESIDENCY:

Hospital _____ Specialty _____ Dates _____

Board Eligible: Yes _____ No _____
 Board Certified: Yes _____ No _____
 Certification # _____

In which area:

Hospital _____ Specialty _____ Dates _____



POSTGRADUATE TRAINING AND DATES:

Fellowship(s): _____

Assistantship(s): _____

Teaching Appointment(s): _____

Other Hospital Affiliation (Dates & Current Status): _____

LICENSURE(S):

State: _____ License No: _____ Effective to: _____

State: _____ License No: _____ Effective to: _____

MEMBERSHIP(S):

Local Society: _____ Expiration Date: _____

State Society: _____ Expiration Date: _____

National Society: _____ Expiration Date: _____

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.

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