AOGME
ASSEMBLY OF OSTEOPATHIC GRADUATE MEDICAL EDUCATORS
AACOM

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

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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, 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.