



| 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, 2026. 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.