



The American College of  
Osteopathic Emergency Physicians

## Application Form

Fellow

American College of  
Osteopathic  
Emergency Physicians

American College of Osteopathic Emergency Physicians  
142 E. Ontario Street  
Suite 1500  
Chicago, Illinois 60611



## **FELLOWSHIP APPLICATION FORM**

**To be completed by the Nominating Fellow:**

\_\_\_\_\_

**Nominator's Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City, State, Zip Code**

**I would like to nominate the following ACOEP Member for the honorary title of Fellow of the American College of Osteopathic Emergency Physicians (FACOEP):**

\_\_\_\_\_

**Candidate's Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City, State, Zip Code**

**To be completed by the Nominee:**

I certify that I have met the following requirements for Fellowship in the ACOEP.

- A. Current certification by the AOBEM or ABEM  Yes  No
- Certificate # \_\_\_\_\_ Date \_\_\_\_\_
- Recertification Date (if applicable) \_\_\_\_\_
- Certifying Board (Circle One)      AOBEM      ABEM

B. Continuous membership in the ACOEP for 5 years **prior** to the next ACOEP Spring Membership Meeting.

Yes  No

Member since: \_\_\_\_\_  
Year

C. Attendance at 2 ACOEP General Membership Meetings in the 5 year period prior to application. **Only the member's signature on the attendance sheet for the membership meeting will be accepted as proof of meeting attendance.**

Yes  No

List Meeting dates:

\_\_\_\_\_  
\_\_\_\_\_

Attendance at 2 ACOEP-sponsored national CME meetings in the 5-year period prior to application for Fellowship (these may include: ACOEP's Intense Review; COLA Essentials (2002-2008 only); Oral Board Review, New Frontiers in Toxicology; Spring Seminar; or the Scientific Assembly) – you must be a registered participant to utilize for this qualification. (Please include your CME Certificates)

Yes  No

List Meeting dates and Course Title:

\_\_\_\_\_  
\_\_\_\_\_

D. High professional standing as evidence by two of the following:

1. Publication of scientific articles or reference materials in the field of Emergency Medicine in nationally peer-reviewed periodicals with references to the publication in which the article was published.

Yes  No

2. Past or present membership on an ACOEP Committee

Yes  No

Committee Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

3. Past or present member of the ACOEP Board of Directors

Yes  No

Dates of Service: \_\_\_\_\_

4. Faculty appointment in Emergency Medicine:

a. Working at an accredited College of Osteopathic Medicine or College of Medicine accredited by the AOA or AMA, respectively.

Yes  No

Academic Rank and Institution:

\_\_\_\_\_  
\_\_\_\_\_

b. Emergency Medicine Residency Director or faculty member

Yes  No

Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_

5. Active involvement in the leadership and education in EMS, including but not limited to:

a. EMT, First Responder, EMD, and/or paramedic training

Yes  No

Describe:

b. Working as a Medical Director of a Community EMS System

Yes  No

Describe:

c. Participation in local disaster planning and implementation

Describe:

Yes  No

6. Advanced academic degree or fellowship training.

Yes  No

Degree attained: \_\_\_\_\_

Institution and graduation date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Fellowship: \_\_\_\_\_

Training Institution and graduation date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Past or present activity as an Examiner for or involvement in test development and/or administration of the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM).

Yes  No

Describe and provide dates of activity:

8. Past or present membership on the Board of Trustees of the Foundation for Osteopathic Emergency Medicine (FOEM):

Yes  No

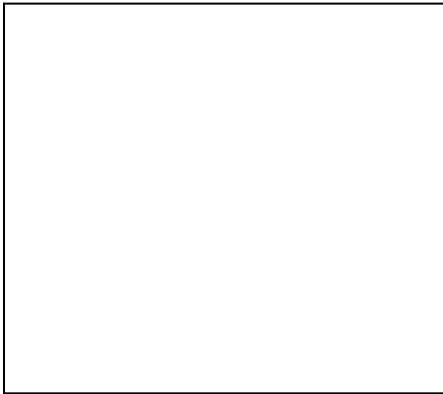
Dates of Service: \_\_\_\_\_

9. Verification of significant contribution to the specialty of Emergency Medicine in the Osteopathic profession.

Yes    No

Describe:

Please attach a passport sized (2"x2") photo of the candidate here:



I hereby certify that the above information is true and accurate.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that the American College of Osteopathic Emergency Physicians reserves the right to request further clarification by letter, submission of further information, or appearance before the Fellowship and Nominations Committee prior to action on this request. **Nominations will not be reviewed without the submission of a letter from the Nominating Fellow, current, updated CV of the Nominee and a photo.** Nominating Fellows may not nominate more than 1 Candidate per application period. Applications for this title will only be reviewed at the Spring Meeting of the Fellowship and Nominations Committee.

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

American College of Osteopathic Emergency Physicians, 142 E. Ontario Street,, Suite 1500, Chicago, IL 60611  
(Faxes are not accepted)

## Sample Recommendation Letter for Fellowship

Nominating Fellows should construct a letter of recommendation that outlines and supports the candidate they are nominating. It should cover all of his or her attributes and enhance the application, explaining the “special contributions” that a physician may have made that the nominating fellow should be aware of. Letters may be sent in as attachments to the email messages, but email messages will not be accepted by the Committee.

Below is sample text – do not copy verbatim.

*Dear Members,*

*It is my pleasure (or honor) to nominate **Name** for the honorary title of Fellow of the American College of Osteopathic Emergency Physicians. Dr. Name meets all the required elements and requirements for fellowship, including: continuous membership in the ACOEP since date; certification (and recertification, if applicable) in emergency medicine by (certification agency); attendance at 3 or more ACOEP membership meetings and attendance at 2 or more ACOEP sponsored CME meetings within the prescribed time frame, and meets or exceeds the high professional standing in the profession.*

*As reflected in his or her recent CV, Dr. Name is: (insert how the criteria are met).*

*Additionally, Dr. Name has achieved (name special contribution(s)).*

*Thank you for the opportunity to nominate Dr. Name and to explain how I feel he meets or exceeds the criteria for this honorary title.*

This letter, with supporting documentation of an updated CV and use of the correct application and submission of a photograph will assist the Committee in validating the physician’s application in a quick and organized fashion and prevent the Committee from denying or deferring action on your candidate.

Remember: Fellows can only nominate 1 candidate annually. Candidates must have completed the certification process at the time of nomination and must be members for 5 or more years and have attended the CME meetings required for Fellowship at the time the application is submitted.