

# American Osteopathic Academy of Sports Medicine Fellow Application

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Absolute Criteria** (Candidate must fulfill each requirement.)

- 1. Must be active member of the AOA at the time of application.** Your AOA # \_\_\_\_\_
- 2. Must be a full physician member of the AOASM for five consecutive years at the time of application. (Student and resident membership years do not qualify but membership during fellowship year does)**
- 3. Must hold current board certification by primary board at the time of application.**

\_\_\_\_\_  
Medical School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

\_\_\_\_\_  
Residency/Fellowship Training \_\_\_\_\_ Institution \_\_\_\_\_ Date(s) \_\_\_\_\_

\_\_\_\_\_  
Specialty Board Certification (list specialty) \_\_\_\_\_ Date \_\_\_\_\_

- 4. Must have current CAQ in Sports Medicine from ABMS/ABF or AOA conjoint board at the time of application.** Please provide proof of CAQ.
- 5. Must be a High School, College, Professional or Olympic Team physician or faculty director of a sports medicine referral center.**

Team Coverage: \_\_\_\_\_ School: \_\_\_\_\_

Event Coverage: \_\_\_\_\_ Event Organization: \_\_\_\_\_

City/State: \_\_\_\_\_ Name of A.D/G.M.: \_\_\_\_\_

High school team physician: \_\_\_\_\_

College or University team physician: \_\_\_\_\_

USA Team Sport physician: \_\_\_\_\_

Olympic and/or Professional team physician: \_\_\_\_\_

Other (upon review/approval of AOASM Board): \_\_\_\_\_

**6. Must be nominated by a current Fellow of the AOASM and have a letter of recommendation from the nominating physician and another member of the AOASM.**

Fellow Sponsor's Name: \_\_\_\_\_  Letter enclosed  
 Letter being sent directly by Sponsor

**7. Must complete, sign and return the application with appropriate processing fees.**

**Relative Criteria** (Applicant needs 30 points within a seven-year span.)

**1 . Completion of Primary Care Sports Medicine Fellowship (8 points)**

(AOA/AMA Approved Residency applicable after 1998)

Site: \_\_\_\_\_ Dates: \_\_\_\_\_

Program Director: \_\_\_\_\_

**Total Points (8 maximum):**

**2. Lead author in article published in *The Clinical Journal of Sports Medicine* (8 points) or another peer reviewed journal in Sports medicine (6 points) i.e. BJSM, JAT, MSSE**

Please submit a copy of the article and publication date.

**Total Points (8 maximum):**

**3. Editor/lead author of chapter in sports medicine text book (8 points)**

Please submit text name, primary author of the text, publication date and publisher.

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

**Total Points (8 maximum):**

**4. AOASM Board Member (8 points)**

Please submit years relating to your term in office. Dates: \_\_\_\_\_

**Total Points (8 maximum):**

**5. AOASM Committee Member (4 points per year)**

Please submit name of committee, name of committee chair, and years served:

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

**Total Points (4 per year):**

**6. Attendance at Annual AOASM Clinical Conference (4 points per conference)**

Please submit years attended: \_\_\_\_\_  
\_\_\_\_\_

**Total Points (4 per conference):**

**7. Presentation at the Annual AOASM Clinical Conference (2 points per presentation)**

Please submit the name of the presentation and the year presented:

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

**Total Points (2 per presentation):**

**8. Attendance at the AOASM Fall Conference (2 points per conference)**

Please submit years attended: \_\_\_\_\_

**Total Points (2 per conference):**

**9. Presentation at the AOASM Fall Conference (2 point per presentation)**

Please provide name of the presentation and the year presented:

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

**Total Points (2 per presentation):**

**10. Years of sports medicine practice (less than 5 years no points; after 5 years, 2 points per year)**

**Total Points (less than 5 years no points; after 5 years, 2 points per year):**

**Total points from pages 2 and 3: \_\_\_\_\_**

## Affirmation

I, \_\_\_\_\_, attest that the information provided is accurate and honest. I realize if an investigation reveals that the information I have supplied is untrue, I may forfeit the award of Fellow along with all fees paid.

## Enclosures

Be sure to include all of the following:

- Curriculum Vitae
- Letter from Sponsor (or be sure the letter has been sent)
- Title of published paper on CV or copy of unpublished paper
- Recent photograph
- Non-refundable fee of \$250.00\*

\* Upon notice of approval by AOASM, the candidate shall be billed an additional \$250.00 to cover the remainder of the Award of Fellow application fee.

## Payment

Please include the \$250.00 application fee with your completed application.

- Check
- Mastercard / Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

## Additional Information

Physicians who obtain the distinction of "Fellow" are authorized to use the designation "FAOASM" for as long as they remain members in good standing of the AOASM. Members in good standing include those that remain active dues paying members or life members that attend either the AOASM Spring or Fall Conference once every three years. Members attending the Fall meeting at OMED must register under sports medicine in order to qualify for sports medicine credits at this conference.

***Application and letters of recommendation are due January 3.***

**Please mail completed application, enclosures and payment to:**

**AOASM, 2424 American Lane, Madison, WI 53704**

**If you have any questions regarding the Fellow application,  
please call Susan Rees at (608) 443-2477, ext. 138**