

Fellow of Distinction Requirements for the American Osteopathic College of Dermatology

The Candidate must:

1. Be a member in good standing of the AOCD for a period of not less than 7 years.
2. Be a Diplomate of the AOBD or ABD for a period of not less than 7 years.
3. Be recognized as a leader among his or her peers, by being active in the AOCD for at least 7 years.
4. Have obtained at least 100 service points by working in an administrative or educational capacity of the AOA, AOCD, and/or the AOBD.
5. Have obtained 200 cumulative service points prior to fellowship consideration.

Instructions:

- Please refer to the Point system worksheet for total points possible.
- Use the [meetings worksheet](#) to tally attendance to AOCD meetings and attach to this application.

Optional:

- Attach a current CV with Application.
- Attach a headshot photo with Application.

POINT SYSTEM FOR FELLOWSHIP DESIGNATION

I. National AOA and AOCD Appointments

<u>AOA</u>	Points
• Delegate to AOA	3 per year
• AOA committee membership	2 per year
• Chairman of AOA State Delegation	5 per year
• AOA Certification Exam	5 per year
<u>AOCD</u>	
• AOCD President	20 per year
• AOCD Secretary-Treasurer	15 per year
• Program Chairman for Annual AOCD meeting	15 per year
• Program Chairman for Midyear AOCD meeting	15 per year
• AOCD Trustee	5 per year
• AOCD Chairman of the Education Evaluation Committee	10 per year
• AOCD Chairman of the In-Training Examination Committee	10 per year
• AOCD Committee Chairman of other committee	5 per year
• Member of AOCD Education Evaluating Committee	5 per year
• Member of other AOCD committee	2 per year
• AOCD conventions	2 per convention

II. Education

Residency Training

• Establishment of an AOA or ACGME approved Residency Training Program	15, one time
• Program Director of AOA or ACGME approved Training Program	10 per year
• Participant Trainer in an AOA or ACGME approved Residency Training Program	5 per year

Faculty

• Faculty, full-time, Osteopathic college	15 per year
• Faculty, part-time, Osteopathic college	5 per year
• Preceptor of medical students, interns, or non-dermatology residents	1 per person

Lectures

• Lecturer at Spring or Fall AOCD meeting (Required resident lectures are not to be included)	5 per lecture hour
• Lecturer at local or state CME conferences	2 per lecture hour

Publications and Research

• Author or major contributor of published medical text	15 per publication
• Primary author of article in a major journal	7 per publication
• Contributing author of article in a major journal	5 per publication
• Primary author of article in other state/local journal or publication	5 per publication
• Research project (with article being reviewed for publication)	4 per project
• Primary exhibitor of scientific poster display at CME meeting <i>(Dual credit not given for articles and displays based on the same research project)</i>	7 per display

III. State and Local Appointments/Contributions

State and Local Positions

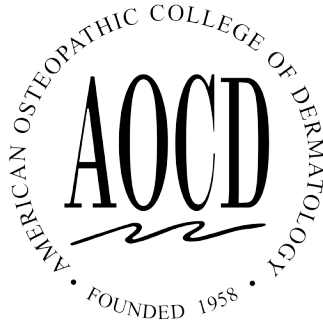
• Member of State Medical Licensing Board	5 per year
• Member of Area-Wide Health Planning Organization	3 per year
• Appointment to State/County Health Commission/Review Board	3 per year
• Member of College of Osteopathic Medicine Alumni Board	2 per year
• Member of Medical School Governing Board	2 per year
• Officer of State Osteopathic/Allopathic Medical Association	5 per year
• Trustee of State Osteopathic/Allopathic Medical Association	3 per year
• Officer of local Osteopathic/Allopathic Medical Association	3 per year
• Trustee of local Osteopathic/Allopathic Medical Association	3 per year
• Program Chairman of State/Local AOA accredited CME program	7 per program

Demonstrated Community Activity/Service

• Medical mission trip	5 per week, maximum of 20 per year
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Other activities are awarded 1 point each, up to a maximum 10 points per year.

- Examples include:
 - Paramedic education
 - Student premedical education
 - Local/state cancer society
 - Speaker to non-medical groups
 - School board member
 - Health fair
 - Skin cancer screening
 - Camp health volunteer, etc.



APPLICATION FOR FELLOW OF DISTINCTION
American Osteopathic College of Dermatology

Incomplete applications will be returned. Applications must be received in the AOCD office, P.O. Box 7525, Kirksville, MO 63501 no later than December 31 in order to be voted on by the general membership at the Annual Business Meeting.

Name: _____ Office Telephone: _____

Office Address: _____

City/State/Zip: _____

LICENSURE*

State: _____ License #: _____ Date Issued: _____

Has your license ever been revoked, restricted, suspended, or placed on probation through governmental direction or voluntary surrender?

No Yes

If you answered yes, please attach an explanation to this application.

AOCD MEMBERSHIP

Date joined: _____

BOARD CERTIFICATION

Name of Certifying Board: _____ Date: _____

Certificate Number: _____

RESIDENCY and FELLOWSHIP TRAINING

Specialty: _____ Location: _____

Dates: _____

Specialty: _____ Location: _____

Dates: _____

Specialty: _____ Location: _____

Dates: _____

I. National AOA and AOCD Appointments

AOA Activity or office held:

Dates:

Points:

AOCD Offices Held:

Dates:

Points:

Trustee

Secretary Treasurer

Third Vice President

Second Vice President

First Vice President

President-Elect

President

AOCD Committees:

Dates:

Points:

AOCD Program Chairman

Meeting Place:

Dates:

Points:

AOCD Meetings attended after dermatology residency was completed.

Points:

(please refer to [Meetings worksheet](#) to tally and attach finished worksheet with the application)

I. National AOA and AOCD Appointments:

Total Points: _____

Continue to next section.

II. Education

Establishment of an AOA or ACGME approved Residency Program

Institution Name & Address: _____
Date: _____ Points: _____

Program Director of an AOA or ACGME approved Residency Program

Institution Name & Address: _____
Dates: _____ Points: _____

Institution Name & Address: _____
Dates: _____ Points: _____

Participating Trainer in an AOA or ACGME approved Residency Program

Institution Name & Address: _____
Dates: _____ Points: _____

Institution Name & Address: _____
Dates: _____ Points: _____

Institution Name & Address: _____
Dates: _____ Points: _____

Faculty, full-time, Osteopathic College

Institution Name: _____ Official Title: _____
Institution Address: _____
Dates: _____ Points: _____

Institution Name: _____ Official Title: _____
Institution Address: _____
Dates: _____ Points: _____

Faculty, part-time, Osteopathic College

Institution Name: _____ Official Title: _____
Institution Address: _____
Dates: _____ Points: _____

Institution Name: _____ Official Title: _____
Institution Address: _____
Dates: _____ Points: _____

Preceptor of medical students, interns, or dermatology residents

Preceptor Name & Address: _____

Program Affiliation: _____ Dates: _____ Points: _____

Preceptor Name & Address: _____

Program Affiliation: _____ Dates: _____ Points: _____

Preceptor Name & Address: _____

Program Affiliation: _____ Dates: _____ Points: _____

Lecturer at Spring or Fall AOCD meeting

(Required resident lectures are not to be included)

Meeting: _____ Date: _____ Points: _____

Lecturer at local or state CME conferences

Meeting: _____ Date: _____ Points: _____

Publications and Research

Author or major contributor of published medical text*; Primary/Contributing author of article in a major journal

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Title: _____

Primary/Contributor: _____ Publication: _____

Date: _____ Points: _____

Research Projects (with article being reviewed for publication)

Subject: _____ Dates: _____ Points: _____

Primary exhibitor of scientific poster display at CME meeting

(Dual credit not given for articles and displays based on the same research project)

Subject: _____ Dates: _____ Points: _____

Koprince Award recipient*

Title of Lecture: _____ Date: _____ Points: _____

II. Education

Total Points: _____

Continue to next section.

III. State and Local Appointments/Contributions

State and Local Positions:

Dates:

Points:

Member of State Medical Licensing Board

Name of Organization:

Dates:

Points:

Member of Area-Wide Health Planning Organization

Name of Organization:

Dates:

Points:

Appointments to State/County Health Commission/Review Boards

Name of Organization:

Dates:

Points:

Member of College of Osteopathic Medicine Alumni Board

Name of College/Medical School:

Dates:

Points:

Member of Medical School Governing Board

Name of College/Medical School:

Dates:

Points:

Officer/Trustee of State Osteopathic/Allopathic Medical Association

Name of Organization: _____

Dates:

Points:

Position: _____

Name of Organization: _____

Dates:

Points:

Position: _____

Program Chairman of State/Local AOA accredited CME program

Name of Program: _____

Dates:

Points:

Location: _____

Demonstrated Community Activity/Service - Medical Mission Trip

Name of Organization: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Organization: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Organization: _____	Dates: _____	Points: _____
Location: _____	_____	_____

List community activities and services such as: paramedic education, student premedical education, cancer society, speaker to a non-medical group, school board member, health fair, skin cancer screening, camp health volunteer, etc.

Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____
Name of Activity: _____	Dates: _____	Points: _____
Location: _____	_____	_____

III. State and Local Appointments/Contributions: Total Points: _____

I. National AOA and AOCD Appointments: Total Points: _____

II. Education: Total Points: _____

III. State and Local Appointments/Contributions: Total Points: _____

Grand Total: _____

Signature of applicant

Date