



American Osteopathic College of Dermatology
P.O. Box 7525 Kirksville, MO 63501
Office: 660-665-2184 800-449-2623 Fax: 660-627-2623

APPLICATION FOR FELLOW

Applications must be returned to the AOCD office at the address above.

Name _____

Office Address _____

City State Zip _____

Office Telephone _____ Office Fax _____

Preferred email _____

LICENSURE*

State License # _____

Date Issued _____

Has your license ever been revoked, restricted, suspended, or placed on probation through governmental direction or voluntary surrender? ____ Yes ____ No

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

AOA MEMBERSHIP# _____

BOARD CERTIFICATION

Name of Certifying Board _____

Date _____

Certificate Number _____

RESIDENCY and FELLOWSHIP TRAINING

Location/Specialty Dates

** Supporting Documentation which **MUST** be included with this application:

1. A copy of your congratulatory letter from the AOBD, **OR**,
(you will be asked to submit item #2 after you receive it.)
2. A copy of your Board Certificate with Certificate number