

Application for Fellowship
in the
TEXAS PUBLIC HEALTH ASSOCIATION

*(Excerpts from the By-Laws governing Fellowship are given on page 3.
Please read them carefully before completing this application)*

(Please print or type)

Name:		
Title:	Organization:	
Address	City, State	Zip
Place and date of birth:		

EDUCATION & TRAINING (academic, professional, postgraduate, special study)

Institution	City	State	Dates	Degrees, if any

EXPERIENCE (list earliest position first)

Title	Organization	City/State	Dates of Employment	Full/Part Time

How many years have you been engaged in public health work?

Professional Society Memberships:

If you are a Diplomat of any Specialty Board, please give the name of the Board and year of certification.

Check the category under which you deem yourself eligible to apply for Fellowship.(See page 3: 1-6.)

 1

 2

 3

 4

 5

 6

In the following space please provide information about yourself not mentioned elsewhere which will assist in determining your eligibility. State any distinctions received. List books or articles on public health of which you are author.

Section in which Fellowship affiliation is desired (choose one)

- Administration & Management
 Epidemiology
 Public Health Nursing
 Dental Health
 Health Education
 Social Work
 Environmental & Consumer Health
 Vital Statistics
 Unaffiliated

REFERENCES

Give the names and addresses of five references, *at least two of whom shall be names of Fellows of the Association.* (Signatures are not required.)

Name	Address
Name	Address
Name	Address
Name	Address
Name	Address

Signature of Applicant _____ Date _____

Note: It will be appreciated if a small photograph of the applicant is attached to the final page.

**THE CONSTITUTION & BY-LAWS OF THE TEXAS PUBLIC HEALTH ASSOCIATION
INCLUDE THE FOLLOWING PROVISION PERTAINING TO FELLOWSHIP**

ARTICLE TWO

MEMBERS

2.02.3. Fellow: Active or associate members who are in good standing for five (5) continuous years with a recognized professional status, and qualified according to the procedures prescribed by the Governing Council. Additional dues paid by this class of members are used to support keynote speakers at the annual meeting general assembly dedicated to Fellows.

The following persons shall be considered to have an established professional standing in public health for this purpose.

Category

1. A person who has rendered acceptable service for two or more years in a responsible public health position and who has been awarded in course a degree of Doctor of Public Health, Doctor of Science in Public Health, Doctor of Philosophy in Public Health, Doctor of Medicine, Master of Public Health, Diploma in Public Health, or other equivalent degrees, according to standards approved by the Executive Board; or
2. A person who has been awarded in course an academic or professional degree involving training in public health and who has regularly engaged in health work for at least five years, having rendered meritorious service as a health officer or in responsible charge of work in either a public or private health agency; or
3. A person who has done notable original work in public health or preventive medicine of a character to give him a recognized standing; or
4. A person regularly engaged in health work for at least five years, who has given evidence of special proficiency, who has attained a recognized standing; or
5. A teacher of public health or one of its constituent sciences who has attained distinction as an expounder of the principles of public health or its constituent sciences. Such a teacher shall have had at least five years experience as a teacher of public health subjects. Any years of experience as defined in paragraphs (3) and (5) that the applicant may have had considered the equivalent of the same number of years experience as a "teacher; or
6. A person not covered by the above, who has made substantial contributions to public health in his chosen branch and who has attained a recognized professional standing.

Every application for Fellowship shall be made on an approved form on which the applicant shall furnish the names of five references, at least two of which shall be names of Fellows in the Texas Public Health Association.

Completed applications shall be received by the Executive Director of the Association by December 31st, who shall make note thereon of the status and standing of the Applicant in the Association. The application shall be forwarded by the Executive Director to the Secretary of the Section in which affiliation is desired for the action of the Section Council or to the Executive Board. When acted upon by the Section Council or the Executive Board, the Secretary of the Section shall endorse thereon the action of the Section Council and return the application to the Executive Director of the Association. Applications for unaffiliated Fellowship shall be acted upon by the Executive Board in lieu of a Section Council. All applicants shall require for approval a two-thirds vote of the Section Council or the Executive Board.

Applications approved by the Section Council or the Executive Board shall be referred to the Committee on Membership. All applications shall require a two-thirds vote of the Committee on Membership, the application shall be voted upon by the Governing Council and if approved by three-fourths votes cast, the Applicant shall be declared elected a Fellow.

Fellows shall have all the rights and privileges provided for Active Members.

Annual dues of \$75.00 Fellow and \$55.00 Retired Fellow are payable after election to Fellowship.

Fellowship applications are acted on once a year by the Governing Council at the time of the Annual Meeting of the Association. Information as supplied by the Applicant will be submitted to the reviewing bodies. Delays in securing necessary action will be avoided if all items are completed before the application is filed.

Mail completed applications to:
Texas Public Health Association □ **P.O. Box 201540** □ **Austin, Texas 78720-1540**
(512)336-2520 phone □ **(512)336-0533 fax**

For Use by Administrative Office

Date Elected Member:
Date Received in Administrative Office:
Date elected to Fellowship by the Governing Council: