

AOAAM

American Osteopathic Academy of Addiction Medicine

FELLOWSHIP APPLICATION 2003

NAME: _____
Last *First* *Initial*

AOA NUMBER: _____

OFFICE ADDRESS: _____

OFFICE TELEPHONE NUMBER: _____

OFFICE FAX NUMBER: _____

OFFICE E-MAIL ADDRESS: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

HOME FAX NUMBER: _____

HOME E-MAIL ADDRESS: _____

Mailing Address – Use office _____ or Home _____

WORK HISTORY:

TITLE(S): _____ DATE STARTED: _____
_____ DATE STARTED: _____
_____ DATE STARTED: _____
_____ DATE STARTED: _____

CURRENT LICENSURE(S):

State: _____ License Number: _____ Effective to: _____

State: _____ License Number: _____ Effective to: _____

State: _____ License Number: _____ Effective to: _____

CURRENT HOSPITAL AFFILIATION(S):

Institution: _____

Address: _____

Hospital staff membership dates: _____

Institution: _____

Address: _____

Hospital staff membership dates: _____

CURRENT PROFESSIONAL SOCIETY MEMBERSHIP(S):

Society

Membership Date

PREMEDICAL EDUCATION:

College	Degree	Graduation Date
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MEDICAL SCHOOL:

Osteopathic Medical School	Degree	Graduation Date
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INTERNSHIP:

Hospital	Degree	Type
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RESIDENCY:

Hospital	Specialty	Dates
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Hospital	Specialty	Dates
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POSTGRADUATE TRAINING AND DATES:

Fellowship	Specialty	Dates
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BOARD CERTIFIED: YES ____ NO ____

Certification Number(s)	By Whom	Expiration Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATE OF ADDED QUALIFICATIONS: YES ____ NO ____

Certification Number(s)	By Whom	Expiration Date(s)
_____	_____	_____
_____	_____	_____

NON-FELLOWSHIP TRAINING IN ADDICTION MEDICINE: YES ____ No ____

Dates of training: _____

Training Institution: _____

Program Director: _____

CURRENT ADDICTION MEDICINE PRACTICE:

1. How long has the care of addiction medicine patients been a significant aspect of your professional activity? _____ (years)
2. What percentage of your total practice is committed to addiction medicine? _____%
3. Please indicate the percentage of your current time in practice spent in addiction medicine activities in each of the following areas during an average week (number of hours per week):
 - Direct patient care as the primary physician _____
 - Consultation _____
 - Medical teaching _____
 - Medical research _____
 - Administration _____
 - Other _____
4. Are you involved in addiction medicine in the workplace? Yes* ____ No ____
5. Do you operate an addiction medicine clinic? Yes* ____ No ____
6. Have you published papers/books on addiction medicine? Yes* ____ No ____
7. Have you lectured/presented scholarly papers on addiction medicine at professional meetings? Yes* ____ No ____
8. Do you teach addiction medicine to medical students or other health professional students?
Yes* ____ No ____

*Provide details in CV.

AOAAM ACTIVITY (Include dates of involvement, position/title):

AOAAM Dues Paying Member for how many years:

AOAAM Board of Directors:

AOAAM Conference Chair, Speaker, or Planning Committee:

AOAAM Committee Chair:

AOAAM Delegate to ASAM:

AOAAM Newsletter Contributor:

Other

ANY ADDITIONAL INFORMATION YOU BELIEVE ADDS TO YOUR QUALIFICATIONS FOR FELLOWSHIP IN THE AOAAM:

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. IF THE ANSWER TO ANY IS YES, PLEASE APPEND FULL DETAILS TO THIS APPLICATION.

Within the past five years:

1. Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended?
No _____ Yes _____
2. Have you been the subject of any disciplinary action by any medical society or staff?
No _____ Yes _____
3. Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted?
No _____ Yes _____
4. Have you ever been convicted of a crime other than a minor traffic violation?
No _____ Yes _____
5. Have you ever paid a malpractice judgement/settlement against you, or do you have any pending proceeding in which professional malpractice on your part was alleged?
No _____ Yes _____
6. Have you been subject to disciplinary action for substance abuse?
No _____ Yes _____

AN AOAAM FELLOW IS ONE WHO:

- Has been an AOAAM member for at least five consecutive years
- Is an active *contributing* member who attends at least two meetings every three years
- Is certified with the CAQ in Addiction Medicine
- Significantly contributes to the science and practice of addiction medicine
- Is approved by the Board of Trustees

APPLICANT STATEMENT:

I hereby make application for appointment as a Fellow of the American Osteopathic Academy of Addiction Medicine (AOAAM).

I agree that my professional qualifications, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the AOAAM Board of Trustees and the Board of Trustees may make inquiry of the persons named in this application and of other institutions as the Academy may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Academy in connection with its inquiry shall be confidential and not subject to disclosure, to me or to any one acting on my behalf. I agree that the Academy shall be the sole judge of my credentials and qualifications for admission to the status of Fellow in the American Osteopathic Academy of Addiction Medicine. I understand and accept that, upon request, the AOAAM Office confirms whether or not a physician is a Fellow. I also understand that anyone can request information from the AOAAM Office about the fellowship status of any physician.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief, and all items are complete.

Signature

Date

APPLICANT CHECKLIST:

1. Review and confirm that you meet all of the application requirements.
2. Include a typed curriculum vita (CV). Both a completed application form and a CV are required.
3. Submit the application fee (\$250.00); checks should be made out to "AOAAM."
4. Submit passport quality photograph.
5. Review and sign the applicant's statement.
6. Be sure the entire application form, support documents, and application fee is postmarked no later than Friday, April 18, 2003.

If you have any questions about any of the information on this application, please contact:

American Osteopathic Academy of Addiction Medicine
142 East Ontario Street
Chicago, IL 60611
Office (800) 621-1773 ext. 8163, Fax (312) 202-8462

FOR OFFICE USE ONLY

FELLOWSHIP APPLICANT: _____

APPOINTMENT RECOMMENDED:

Yes: _____

No: _____

Deferred: _____
(provide details)

DATE: _____ **SIGNATURE:** _____