

AODME

Association of Osteopathic Directors and Medical Educators

COLLEGIUM OF FELLOWS

NON-PHYSICIAN APPLICATION

NAME: _____
Last First Middle Initial Date of Birth

ADDRESS: _____
Hospital/Educational Institution

Street City State Zip

Telephone: _____ **Fax:** _____ **Email:** _____

TITLE: _____ **Date Started:** _____

UNDERGRADUATE EDUCATION:

| College/University | Degree | Dates |
|--------------------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

GRADUATE EDUCATION:

| College/University | Degree | Dates |
|--------------------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please attach additional page if required.

Please continue on next page.

POSTGRADUATE TRAINING AND DATES:

Fellowship(s): _____

Assistantship(s): _____

Teaching Appointment(s): _____

Other Hospital Affiliation (Dates & Current Status): _____

PROFESSIONAL MEMBERSHIP(S): (Professional Society, Academic Organization, etc.)

_____ Membership Dates: _____

_____ Membership Dates: _____

_____ Membership Dates: _____

Other (List Effective Dates): _____

AOA MEMBERSHIP NUMBER:

Applicant's Signature: _____ Date: _____

SPONSORSHIP:

Please list the name and address of your sponsor from the Collegium.

I have reviewed this application and documentation and feel that it is complete.*

Sponsor's Signature: _____ Date: _____

***PLEASE REMEMBER TO INCLUDE YOUR \$100 APPLICATION FEE, C.V.,
AND OTHER DOCUMENTATION OF YOUR ACTIVITIES***

* Per Par. 5.3, Regulations Governing Fellowship, please attach a letter of support from the Collegium Fellow Sponsor.