

# American Osteopathic Academy of Sports Medicine Fellow Application

Name: \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Absolute Criteria** (Candidate must fulfill each requirement.)

- 1. Must be an active AOA member.** Please provide your AOA # \_\_\_\_\_
- 2. Must be an AOASM dues-paying member for seven or more consecutive years.**
- 3. Must be Board Certified by Primary Board.**

\_\_\_\_\_ Date of Graduation

\_\_\_\_\_ Institution \_\_\_\_\_ Date(s)

\_\_\_\_\_ Date

- 4. Must have CAQ in Sports Medicine from the ABFP or AOA Conjoint Board.** Please provide proof of CAQ.
- 5. Must be a high school, college, professional, or Olympic head team physician OR faculty director of sports medicine referral center.**

Team Coverage: \_\_\_\_\_ School: \_\_\_\_\_

Event Coverage: \_\_\_\_\_ Event Organization: \_\_\_\_\_

City/State: \_\_\_\_\_ Name of A.D./G.M. \_\_\_\_\_

High school team physician: \_\_\_\_\_

College or University team physician \_\_\_\_\_

USA Team Sport physician: \_\_\_\_\_

Olympic and/or Professional team physician \_\_\_\_\_

Other (upon review/approval of AOASM Board) \_\_\_\_\_

**6. Must receive a Letter of Recommendation from a current AOASM Fellow.**

Fellow Sponsor's Name: \_\_\_\_\_

- Letter enclosed  
 Letter being sent directly by Sponsor

**7. Must complete and return this application.**

**Relative Criteria** (Applicant needs 30 points within a seven-year span.)

**1. Completion of Primary Care Sports Medicine Fellowship (8 points)**

(AOA/AMA Approved Residency applicable after 1998)

Site: \_\_\_\_\_ Dates: \_\_\_\_\_

Program Director: \_\_\_\_\_

**Total Points (8 maximum):**

**2. Lead author in article published in The Clinical Journal of Sports Medicine, official journal of AOASM (8 points)**

Please submit a copy of the article and publication date.

**Total Points (8 maximum):**

**3. Editor/lead author of chapter in sports medicine text (8 points)**

Please submit text name, primary author of the text, publication date and publisher.

\_\_\_\_\_

\_\_\_\_\_

**Total Points (8 maximum):**

**4. AOASM Board Member (8 points)**

Please submit years relating to your term in office. Dates: \_\_\_\_\_

**Total Points (8 maximum):**

**5. AOASM Committee Member (4 points per year)**

Please submit name of committee, name of committee chair, and years served:

\_\_\_\_\_

\_\_\_\_\_

**Total Points (4 per year):**

**6. Attendance at Annual AOASM Clinical Conference (4 points per conference)**

Please submit years attended: \_\_\_\_\_

\_\_\_\_\_

**Total Points (4 per conference):**

**7. Presentation at the Annual AOASM Clinical Conference (2 points)**

Please submit the name of the presentation and the year presented:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Points (2 maximum):**

**8. Attendance at the AOASM Fall Conference (2 points)**

Please submit years attended \_\_\_\_\_

**Total Points (2 maximum):**

**9. Years of sports medicine practice (after five years--2 points per year)**

**Total Points (after 5 years, 2 points per year):**

**10. Presentation at AOASM Fall Conference (1 point)**

Please provide name of presentation and year presented:

\_\_\_\_\_

\_\_\_\_\_

**Total Points (1 maximum):**

**Total points from pages 2 and 3: \_\_\_\_\_**

## Affirmation

I, \_\_\_\_\_, attest that the information provided is accurate and honest. I realize if an investigation reveals that the information I have supplied is untrue, I may forfeit the award of Fellow along with all fees paid.

## Enclosures

Be sure to include all of the following:

- Curriculum Vitae
- Letter from Sponsor (or be sure the letter has been sent)
- Tile of published paper on CV or copy of unpublished paper
- Recent photograph
- Non-refundable fee of \$250.00\*

\*Upon notice of approval by AOASM, the candidate shall be billed an additional \$250.00 to cover the remainder of the Award of Fellow application fee.

## Payment

Please include the \$250.00 application fee with your completed application.

- Check
- Mastercard/Visa                      Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

***Application and letters of recommendation are due January 3.***

**Please mail completed application, enclosures and payment to:**

**AOASM  
2810 Crossroads Drive, Ste. 3800  
Madison, WI 53718**

**If you have questions regarding the Fellow application,  
please call Susan Rees at (608) 443- 2477, ext. 138.**