

# American Osteopathic Academy of Sports Medicine Fellow Application

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

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

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

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

Email Address: \_\_\_\_\_ AOA Member # \_\_\_\_\_

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

- 1. Must be a full physician member of the AOASM for five consecutive years at the time of application. (Membership during your Fellowship year can be counted as the first year. Residency years do not qualify as physician members.)**
- 2. Must hold current board certification by primary board at the time of application.**

\_\_\_\_\_  
Medical School

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

\_\_\_\_\_  
Residency Training

\_\_\_\_\_  
Institution

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

\_\_\_\_\_  
Specialty Board Certification (list specialty)

\_\_\_\_\_  
Date

- 3. Must have completed an AOA/ACGME Approved Primary Care Sports Medicine Fellowship**

Fellowship location: \_\_\_\_\_ Dates: \_\_\_\_\_

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

- 4. Must have a current CAQ in Sports Medicine from ABMS or AOA conjoint board at the time of application. Please provide proof of CAQ.**
- 5. Must currently be a High School, College, Professional or Olympic team physician, Performance Arts company physician, Lead Medical Director for at least 5 mass events or Program Director/ Asst. Program Director/ Core Faculty for an ACGME approved Sports Medicine Fellowship.**

Team Coverage: \_\_\_\_\_ School/College: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of coverage: \_\_\_\_\_

Name and Contact information of A.D./G.M.: \_\_\_\_\_

Performance Arts Company: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of coverage: \_\_\_\_\_

Name and Contact information of G.M.: \_\_\_\_\_

1) Mass Event Coverage: \_\_\_\_\_ City/State: \_\_\_\_\_

Name and Contact information of Event Manager : \_\_\_\_\_

2) Mass Event Coverage: \_\_\_\_\_ City/State: \_\_\_\_\_

Name and Contact information of Event Manager : \_\_\_\_\_

3) Mass Event Coverage: \_\_\_\_\_ City/State: \_\_\_\_\_

Name and Contact information of Event Manager : \_\_\_\_\_

4) Mass Event Coverage: \_\_\_\_\_ City/State: \_\_\_\_\_

Name and Contact information of Event Manager : \_\_\_\_\_

5) Mass Event Coverage: \_\_\_\_\_ City/State: \_\_\_\_\_

Name and Contact information of Event Manager : \_\_\_\_\_

Primary Care Sports Medicine Fellowship: \_\_\_\_\_ Program Director \_\_\_\_\_ Asst. Program Director  
\_\_\_\_\_ Core Faculty Member

Primary Care Sports Medicine Fellowship Program: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of involvement: \_\_\_\_\_

Name and Contact information of Program Director: \_\_\_\_\_

Other Current Clinical Sports Medicine Activities: \_\_\_\_\_

**6. Must be nominated by a current Fellow of the AOASM and have a letter of recommendation from the nominating physician who is a current member of the AOASM.**

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

\_\_\_ Letter enclosed    \_\_\_ Letter being sent directly by Sponsor

**7. Must complete, sign and return the application with appropriate processing fees.**

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

- 8. Author in article published in *The Clinical Journal of Sports Medicine* (8 points for lead author; 4 points for co-author) or another peer reviewed journal in Sports Medicine (6 points for lead author; 3 points for co-author) i.e. BJSM, MSSE**

Please submit a copy of the article(s) and publication date.

**Total Points (8 maximum):** \_\_\_\_\_

- 9. Editor/ author of chapter(s) in Sports Medicine textbook or Sports Medicine chapter(s) in other books (6 points)**

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

\_\_\_\_\_  
**Total Points (6 maximum):** \_\_\_\_\_

- 10. AOASM Board Member (2 points/year of service)**

Please submit years in office.

\_\_\_\_\_  
**Total Points (10 maximum):** \_\_\_\_\_

- 11. AOASM Committee Member, Liaison, or other approved leadership roles (1 point per year of service)**

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

\_\_\_\_\_  
\_\_\_\_\_  
**Total Points (7 maximum):** \_\_\_\_\_

- 12. Registration at Annual AOASM Clinical Conference (2 points per conference)**

Please submit years attended

\_\_\_\_\_  
\_\_\_\_\_  
**Total Points (6 maximum):** \_\_\_\_\_

- 13. Presentation at the Annual AOASM Clinical Conference (3 points per presentation)**

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

\_\_\_\_\_  
\_\_\_\_\_  
**Total Points (12 maximum):** \_\_\_\_\_

**14. Registration at the AOASM Fall Conference (2 points per conference)**

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

\_\_\_\_\_

**Total Points (8 maximum):** \_\_\_\_\_

**15. Presentation at the AOASM Fall Conference (3 points per presentation)**

Please provide name of the presentation and the year presented: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Points (9 maximum):** \_\_\_\_\_

**16. Years of Sports Medicine practice (less than 5 years no points; after 5 years, 2 points per year).**

Examples of a "Sports Medicine practice" – a) providing team coverage at a high school, collegiate, Olympic or professional team for at least one complete season each year, b) function as the medical director for a mass participation event each year, c) function as a performing arts company physician for at least one performance/event each year, and/or d) function as a program director, assistant program director or core faculty physician in a sports medicine fellowship

Please submit name and location of practice and years at location

\_\_\_\_\_

\_\_\_\_\_

**Total Points (10 maximum):** \_\_\_\_\_

**Total points from pages 3 and 4:** \_\_\_\_\_

**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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Enclosures

Be sure to include all of the following:

- Curriculum Vitae
- Letter from Sponsor (or be sure the letter has been sent)
- 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 (payable to AOASM)
- Mastercard / Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

## Additional Information

Physicians who obtain the distinction of "Fellow" are authorized to use the designation "FAOASM" for as long as they remain members in good standing of the AOASM. Members in good standing include those that remain active dues paying members or life members that attend either the AOASM Spring or Fall Conference once every three years. Members attending the Fall meeting at OMED must register under sports medicine in order to qualify for sports medicine credits at this conference.

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

**Please mail completed application, enclosures and payment to:  
AOASM, 2424 American Lane, Madison, WI 53704  
If you have any questions regarding the Fellow application,  
please call Susan Rees at (608) 443-2477, ext. 138**