

# **AOASM Meritorious Service Award** **Application**

Active AOASM student members have the opportunity to be formally recognized for their interest in sports medicine and their contributions to the AOASM organization. Those members who qualify will be considered for the AOASM Meritorious Student Service Award.

*Please enter the following information by clicking once on the grayed space and entering your text.*

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

1. Must be an active AOASM member.
2. Must be an active AOA member. Please provide your AOA # \_\_\_\_\_
3. Must be a student in good standing at an osteopathic medical school.
  - Osteopathic Medical School: \_\_\_\_\_
  - Anticipated month/year of graduation: \_\_\_\_\_
  - Name of your AOASM Student Chapter Faculty Advisor: \_\_\_\_\_

## **Relative Criteria**

Candidate must obtain at least 15 points prior to graduation from medical school.

### 1. **Participation on sports medicine team:**

**Preparticipation Evaluation—1 point per event (maximum 2 points)**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_

**Mass Participation Event—1 point per event (maximum 2 points)**

Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Preceptor: \_\_\_\_\_

Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Preceptor: \_\_\_\_\_

**Sports Medicine/Orthopedic Clinic—1 point per ½ day in clinic (maximum 2 points)**

Name of Clinic: \_\_\_\_\_  
Date: \_\_\_\_\_  
Preceptor: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_  
Date: \_\_\_\_\_  
Preceptor: \_\_\_\_\_

**2. Attendance of AOASM Sessions at OMED or Regional AOASM Conference—2 points (maximum 8 points)**

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

**3. Attendance at Annual AOASM Clinical Conference—3 points (maximum 12 points)**

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

Location: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

4. **Poster presentation at Annual AOASM Clinical Conference—2 points (maximum 8 points)**

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

5. **Author of published (electronic or printed) scientific manuscript on a sports medicine topic—3 points (maximum 9 points)—please submit manuscript(s)**

Title: \_\_\_\_\_  
Journal: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Journal: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Journal: \_\_\_\_\_  
Date: \_\_\_\_\_

6. **AOASM Student Chapter Officer—2 points (maximum 8 points)**

Office/Year: \_\_\_\_\_  
Office/Year: \_\_\_\_\_  
Office/Year: \_\_\_\_\_  
Office/Year: \_\_\_\_\_

7. **Presentation at AOASM Student Chapter meeting or other formal didactic meeting—2 points (maximum 6 points)**

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

**Total Points Accrued: \_\_\_\_\_**

**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 AOASM Meritorious Service Award.

**Enclosures**

Be sure to include the following:

- Letter of support from AOASM Student Chapter Faculty Advisor
- Copy of scientific manuscript (if applicable)

**The AOASM Student Committee processes applications each spring, 1 month prior to the start date of the AOASM Clinical Conference. Those awarded will be recognized at the AOASM Clinical Conference. The Dean at the student's osteopathic medical school will be notified of the award.**