

# AOCPMR FELLOWSHIP APPLICATION FORM

Please complete this form in its entirety and submit it to Stephanie Wilson at the address below or via email ([stephanie.wilson@aocpmr.org](mailto:stephanie.wilson@aocpmr.org)) along with any and all supporting documentation. AOCPMR, PO Box 4, Phillipsburg NJ 08865

*Application Form*

## FELLOWSHIP APPLICATION FORM

Part A: To Be Completed by the Nominating Fellow

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Nominator's Name

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Address

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City, State, Zip Code

I would like to nominate the following AOCPMR Member for the honorary title of Fellow of the American Osteopathic College of Physical Medicine and Rehabilitation (FAOCPMR):

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Candidate's Name

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Address

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City, State, Zip Code

Part B: To Be Completed by the Nominee

I certify that I have met the following requirements for Fellowship in the AOCPMR.

- A. Current certification by the AOBPMR or ABPMR  Yes  No
- Certificate # \_\_\_\_\_ Date \_\_\_\_\_
- Recertification Date (if applicable) \_\_\_\_\_
- Certifying Board (Check One)  AOBPMR  ABPMR
- B. Continuous membership in the AOCPMR for 5 years **prior** to the next AOCPMR Spring Mid Year Membership Meeting.  Yes  No
- Member since: \_\_\_\_\_ (Year)

- C. Attendance at 2 AOCPMR General Membership Meetings in the 5 year period prior to application.

List Meeting dates:

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Attendance at 2 AOCPMR-sponsored national CME meetings in the 5-year period prior to application for Fellowship (these may include: AOCPMR Mid Year Meeting and Scientific Seminar, AOCPMR Annual Meeting, Interventional Pain Management Course, Musculoskeletal UltraSound Course). You must be a registered participant to utilize this qualification.

List Meeting Dates and Course Title:

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- D. High professional standing as evidenced by two of the following:

1. Publication of scientific articles or reference materials in the field of Physical Medicine and Rehabilitation in nationally peer-reviewed periodicals with references to the publication in which the article was published.

Publication Name: \_\_\_\_\_

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Publication Name: \_\_\_\_\_

2. Past or present membership on an AOCPMR Committee

Committee Name: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Committee Name: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Committee Name: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

3. Past or present member of the AOCPPMR Executive Council  Yes  No

Dates of Service: \_\_\_\_\_

4. Faculty appointment in Physical Medicine and Rehabilitation at an accredited College of Osteopathic Medicine or College of Medicine accredited by the AOA or AMA, respectively.

Yes  No

Academic Rank and Institution:

\_\_\_\_\_  
\_\_\_\_\_

5. Physical Medicine and Rehabilitation Residency Director or faculty member

Hospital Name: \_\_\_\_\_

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

6. Advanced academic degree or fellowship training

Degree Attained: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Fellowship: \_\_\_\_\_

Training Institution: \_\_\_\_\_

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

7. Past or present activity as an Examiner for or involvement in test development and/or administration of the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR) or the American Board of Physical Medicine and Rehabilitation (ABPMR).  Yes  No

Describe and provide dates of activity:

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8. Verification of significant contribution to the specialty of Physical Medicine and Rehabilitation in the Osteopathic Profession.  Yes  No

Describe:

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Please attach a passport sized (2"x2") photo of the candidate here:



I hereby certify that the above information is true and accurate.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form and a copy of your current CV. The letter of recommendation of the nominating physician **must** accompany nominations. Nominations received by the AOCPMR and postmarked after August 15 will be accepted for consideration at the AOCPMR Mid Year Meeting and Scientific Seminar in the spring. Nominations received by the AOCPMR and postmarked before August 15 will be accepted for consideration at the OMED meeting in the fall.

Please note that the American Osteopathic College of Physical Medicine and Rehabilitation reserves the right to request further clarification by letter, submission of further information or appearance before the Fellowship Committee prior to action on this request. **Nominations will not be reviewed without the submission of a letter from the Nominating Fellow, current CV of the Nominee and a photo.** Nominating Fellows may not nominate more than one (1) candidate per application period.

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_