



**AMERICAN OSTEOPATHIC COLLEGES OF OPHTHALMOLOGY
AND OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

142 E. Ontario St, Ste 1500 Chicago IL 60611

Fellowship Application Process

Description: Members of the AOCCO-HNS may be granted the title of Fellow of the American Osteopathic College of Ophthalmology or the American Osteopathic College of Otolaryngology-Head and Neck Surgery.

Candidates for fellowship must meet the requirements of the Awards Committee and shall, with the approval of the Board, receive the honor of Fellow (FAOCO).

Eligibility Requirements: A candidate must demonstrate the following.

1. Active, continuous membership in good-standing with the AOCCO-HNS and the AOA.
2. Certification by the American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery.
3. Attendance at three (3) Annual Clinical Assembly meetings of the AOCCO-HNS following board certification. The three meetings need not be in consecutive order.
4. Outstanding contributions to the specialty practice, research, or to other meritorious services such as:
 - a. Educational Program Chair
 - b. Residency Program Director
 - c. Residency Faculty Member actively involved in residency training
 - d. Preceptor to medical students
 - e. Leadership positions in national, state or regional medical societies
 - f. Significant contribution to a research project
 - g. Service to the community as a physician such as mission work
 - h. Outstanding charitable support to the Foundation
5. Eligible fellows must be present at the Awards Ceremony to receive the official certificate and to be formally inducted into the College as a Fellow.

Application for Fellowship

(Please Print Legibly or Type)

SPECIALTY:

Ophthalmology

Otolaryngology/Facial Plastic Surgery

I hereby formally apply for Fellowship in the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery (F.A.O.C.O.) and pledge my loyalty to the ByLaws of the organization and to the rules governing such membership.

I understand that to maintain such Fellowship, I must uphold high professional and ethical standards and pay the prescribed annual dues to the organization.

Date _____ Signed _____

TYPE OR PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE:

YES, I will attend the **Saturday evening, May 13, 2017**, Annual Ceremonial Dinner to accept my award of Fellow.

NO, I cannot attend this year and will submit my Application at a later date.

COMPLETE IMPORTANT INFORMATION BELOW TO UPDATE YOUR COLLEGE MEMBERSHIP FILE

Name _____ AOA # _____

Address _____

Telephone # _____ Email Address _____

College of Osteopathic Medicine _____

Year Graduated _____

Residency Specialty Training Institution _____

Program Director _____ Year Completed _____

AOBOO-HNS Certification Year _____ Certificate # _____

AOCOO-HNS Active Member Since (year) _____

List ACA Meetings Attended During the Past 5 Years _____

List Hospital Staff Appointments _____

List All Activities and Service to the AOCOO-HNS _____

List Professional Activities (i.e., teaching, membership and service to regional and national professional organizations, hospital committee work, research, etc.) _____

List Any Significant Achievements in the Practice of Medicine and Service to the Public and Community _____

Are you now, or have you at any time in the past, been involved in any action or proceeding (regardless of the outcome) involving denial, revocation, suspension, reduction, limitation, reprimand, censure, probation, non-renewal or voluntary relinquishment as follows (**Please Note:** Any false statements will lead to denial or revocation of Fellowship designation):

- Medical License in Any State Yes No
- Other Professional Registration/License Yes No
- Academic/Faculty Appointment Yes No
- Membership on Hospital Staff Yes No
- Clinical Privileges Yes No
- Membership in a Professional Society/Fellowship/Certification Yes No
- DEA or Other Controlled Substance Registration Yes No

Please add an attached sheet for any further information necessary to evaluate Fellowship applicant.

I attest that all information contained herein on the Application is true and complete to the best of my knowledge.

Date _____ Signature _____

**SIGNATURES OF TWO (2) CERTIFIED MEMBERS OF THE COLLEGES ENDORSING THIS APPLICATION:
(Electronic or Signed and Scanned Signatures are Acceptable)**

Date _____ Signature _____ Printed Name _____

Date _____ Signature _____ Printed Name _____

All applications MUST include a complete and signed Application form, the application fee of \$300.00, a recent photograph and current curriculum vitae. Documents may be mailed to the AOCOO-HNS, faxed to 312-587-9951 or scanned and emailed to sstephens@aocoohns.org . EMAIL IS PREFERRED.