

Promotion from Member to Fellow

Full Name:

Office address:

Office phone:

Cell phone:

Email:



College Members residing in North America are eligible to become Fellows providing they meet the criteria below. (If you are trained and reside in a country *outside* North America, you must fill out the *full* Fellowship application.)

ABAI Certified

Certificate #:

One (1) letter of recommendation from a Sponsoring ACAAI Fellow must be provided. This can be submitted along with this application, or sent separately to membership@acaai.org.

Do you devote at least seventy-five percent (75%) of your professional activity to the practice of allergy/immunology, and have you done so for a period of not less than two (2) years immediately preceding this application?

OR

Have you been teaching in a recognized medical school or affiliated hospital for a period of not less than two (2) years immediately preceding this application?

State License # & State:

NPI #:

Name of Fellowship Training Program:

Location (City/State):

Begin Year/End Year:

List recent (last 3 years) activities in A/I: includes ACAAI or other A/I meetings attended, teaching, mentoring, research activities, committee appointments (or attach current CV):

Have you been the subject of any disciplinary action by a local or state medical society or medical licensure body within the past 10 years? NO YES

If yes, please explain:

Have you had your hospital privileges suspended, revoked or modified within the last 5 years? NO YES

If yes, please explain:

I hereby certify that all information recorded on this application is accurate and supports my qualifications for ACAAI Fellowship.

Name:

Date:

This application will be reviewed by the ACAAI Credentials Committee and their recommendation presented to the ACAAI Board of Regents for approval.

If you have questions, please contact Membership Services at membership@acaai.org.