



American
College
of Allergy, Asthma
& Immunology



American College
of Allergy, Asthma
and Immunology

Membership Requirements & Application

Membership Requirements

To be eligible for Membership/Fellowship in the American College of Allergy, Asthma & Immunology, the applicant must meet the following requirements in the category applied.



Fellows.

To qualify as a Fellow, an applicant:

- shall be graduated from a medical school accredited by the Liaison Committee on Medical Education (LCME), an accredited school of osteopathy or an equivalent foreign medical institution;
- shall be fully licensed to practice medicine in a state of competent jurisdiction;
- shall have been certified by the American Board of Allergy and Immunology, a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics (ABAI); or have been certified by the American Osteopathic Association as having met the requirements for subspecialty certification in Pediatric and Adult Allergy and Immunology;
- shall exhibit superior proficiency in research or in the practice of allergy/immunology as demonstrated by (a) teaching in a recognized medical school or affiliated hospital, for a period of not less than two (2) years immediately preceding application, or (b) devoting at least seventy-five percent (75%) of his or her professional activity to the practice of allergy/immunology for a period of not less than two (2) years immediately preceding application; and
- shall be of high moral, ethical and professional standing as attested to by **three (3)** physicians familiar with the applicant, at least one (1) of whom is a Fellow of the College;
- trained and residing in a foreign country shall not be required to be certified by the American Board of Allergy & Immunology or American Osteopathic Association but shall be considered on an individual basis. However, foreign applicants must also (a) demonstrate meritorious contributions in allergy and immunology; and (b) present evidence of published articles on allergy and immunology or on allied subjects which present original experimental research.

Members.

To qualify as a Member, an applicant:

- shall be graduated from a medical school accredited by the LCME, an accredited school of osteopathy or an equivalent foreign medical institution;
- shall be fully licensed to practice medicine in a state of competent jurisdiction;
- shall satisfy the requirements of eligibility for examination by the ABAI at time of making application for membership to the ACAAI; or be a physician who has completed at least 2 years in an ACGME-accredited U.S. allergy/immunology training program and has a certificate of completion but is not eligible to take the boards in allergy/immunology because he/she lacks boards in either pediatrics or internal medicine.
- shall be of high moral, ethical and professional standing as attested to by **three (3)** physicians familiar with the applicant, at least one (1) of whom is a Fellow or Member of the College.
- trained and residing in a foreign country shall not be required to satisfy the requirements of eligibility for examination by the American Board of Allergy & Immunology (ABAI) but shall be considered on an individual basis. However, foreign applicants must also: (a) have equivalent training in allergy and/or immunology as required by the ABAI; and (b) contribute to the advancement of allergy and/or immunology.



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Scientific Fellows.

To qualify as a Scientific Fellow, an applicant shall be a scientist who has made meritorious contributions to allergy/immunology and shall be of high moral, ethical and professional standing attested to by three (3) physicians familiar with the applicant, at least one (1) of whom is a Fellow of the College.

Fellow-in-Training Members.

To qualify as a Fellow-in-Training Member, an applicant shall be a physician enrolled in an Accreditation Council of Graduate Medical Education-approved allergy /immunology training program recommended by one (1) Member or Fellow or his or her allergy training director. A foreign applicant for Fellow-in-Training Member shall not be subject to this requirement, but shall be considered on an individual basis by the Board of Regents. A Fellow-in-Training Member may retain his or her status as such only until the annual meeting following his or her successful completion of an allergy fellowship training program. Provided the applicant meets all other requirements to become a Member, a Fellow-in-Training Member shall automatically be elevated to the status of Member upon notification to the College of successful completion of the allergy/ immunology training program.

Resident/Medical Student Members.

To qualify as a Resident/Medical Student Member, an applicant shall be a medical student or Internal Medicine or Pediatrics resident in an accredited program in the United States or Canada, shall provide a letter of recommendation confirming current enrollment and eligibility from either the medical school dean or residency program director, with the expected date of completion noted. Resident/Medical Student membership will be established electronically. Furthermore, membership expires when the resident or medical student is no longer enrolled in the corresponding residency or medical school. Those individuals who enter ABAI recognized allergy fellowships may progress to Fellow-in-Training Membership.



Final determination of the acceptability of sponsors and/or documentation shall be with the Credentials Committee and Board of Regents. At their discretion, any additional information deemed necessary for proper evaluation of the application may be requested from the applicant.

It is the applicant's responsibility to provide the information on which the Credentials Committee bases its evaluation. The Credentials Committee may request an applicant to provide information and documents which it believes to be relevant to the applicant's qualification. The Credentials Committee will defer making a recommendation until the information is received.

VISION | **OUR FOCUS IS**
2020 | **YOUR FUTURE**

Membership / Fellowship Application



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The American College of Allergy, Asthma and Immunology
85 W. Algonquin Road, Suite 550 | Arlington Heights, IL 60005
Phone (847) 427-1200 | Fax (847) 427-9656 | www.acaai.org

FOR OFFICE USE ONLY

Amt. Rcvd. _____

Date Rcvd. _____

ID No. _____

TYPE OF MEMBERSHIP I AM APPLYING FOR:

Fellow Member Scientific Fellow Fellow-in-Training Resident/Medical Student

APPLICATION FEES *(Application fees do not apply toward payment of annual dues):*

Fellows - \$50 | Members - \$25 | Members promoted to Fellows - Fee Waived | Scientific Fellows - \$25
Fellows-in-Training/Resident/Medical Student - Fee waived

Please print or type:

NAME, FIRST	MIDDLE	LAST	DEGREES	MD	DO	PHD
			MALE	FEMALE		
OTHER DEGREES (SPECIFY)	DATE OF BIRTH		GENDER			
HOME ADDRESS		OFFICE ADDRESS				
SPOUSE'S NAME (first only)	PREFERRED MAILING/BILLING ADDRESS (Please choose only one)					
INSTITUTION						
OFFICE ADDRESS						
CITY	STATE	ZIP	COUNTRY			
OFFICE PHONE			OFFICE FAX			
OFFICE EMAIL			WEBSITE			
NPI # (U.S. only)	STATE LICENSE # & STATE		STATE LICENSE # & STATE			

While your home address and phone number will be retained on file, they will **NOT** be published.

HOME ADDRESS						
CITY	STATE	ZIP	COUNTRY			
HOME PHONE			HOME EMAIL			

EDUCATION AND TRAINING:

NAME OF MEDICAL SCHOOL #1	LOCATION (CITY)	YEAR GRADUATED
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NAME OF MEDICAL SCHOOL #2	LOCATION (CITY)	YEAR GRADUATED
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INTERNSHIP TRAINING PROGRAM	SPECIALTY	LOCATION (CITY/STATE)	BEGIN YEAR/END YEAR
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RESIDENCY #1	SPECIALTY	LOCATION (CITY/STATE)	BEGIN YEAR/END YEAR
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RESIDENCY #2	SPECIALTY	LOCATION (CITY/STATE)	BEGIN YEAR/END YEAR
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ALLERGY FELLOWSHIP		LOCATION (CITY/STATE)	BEGIN YEAR/END YEAR
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ADDITIONAL FELLOWSHIP	SPECIALTY	LOCATION (CITY/STATE)	BEGIN YEAR/END YEAR
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CERTIFICATION		CERTIFICATE #	DATE
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CERTIFICATION		CERTIFICATE #	DATE
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CERTIFICATION		CERTIFICATE #	DATE
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NO YES

ABAI RECERTIFICATION		CERTIFICATE #	DATE
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(Please attach a copy of certificate or letter of notification from Board.)

CURRENT ACADEMIC AFFILIATIONS:

APPT. #1 (SCHOOL)	TITLE
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APPT. #2 (SCHOOL)	TITLE
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(Please attach a copy of your Curriculum Vitae.)

PRACTICE CHARACTERISTICS:

Are you engaged in private practice? YES NO

I spend the majority of my time in:

- | | | | |
|--------------------|-------------------|-------------------|--------------------|
| A. Solo Practice | C. Academic | G. HMO | K. Other (Specify) |
| B. Group Practice | D. Administration | H. Hospital Staff | _____ |
| Single Specialty | E. Armed Forces | I. Research | |
| Multiple Specialty | F. Solo Practice | J. Retired | |

PRACTICE CHARACTERISTICS *(Continued)*:

What percentage of time do you spend in the practice of allergy/immunology? _____

What percentage of time do you spend in practice other than allergy? _____

Do you treat (check one): Children Only? Adults Only? All Ages?

Have you been the subject of any disciplinary action by a local or state medical society or medical licensure body **within the past ten years**?

No Yes *(Please provide an explanation in an accompanying letter.)*

Have you had your hospital privileges suspended, revoked or modified **within the past five years**?

No Yes *(Please provide an explanation in an accompanying letter.)*

MEMBERSHIPS:

Please list current memberships in **U.S. allergy** societies. *(Please specify below)*:

LOCAL

STATE

REGIONAL

NATIONAL

Please list memberships in U.S. national medical or specialty societies **other than allergy**. *(Please specify below)*:

FELLOWSHIP APPLICANTS MUST SUBMIT THREE (3) LETTERS OF RECOMMENDATION, ONE BEING A CURRENT ACAAI FELLOW.
MEMBER APPLICANTS MUST SUBMIT THREE (3) LETTERS OF RECOMMENDATION, ONE BEING A CURRENT ACAAI MEMBER OR FELLOW.

APPLICATION FEE PAYMENT METHOD: Check Enclosed MasterCard VISA American Express

CARD NUMBER _____ EXPIRATION DATE _____

SECURITY CODE _____ SIGNATURE _____

I hereby certify that: (1) I have read and will abide by the precepts of the College's bylaws; and (2) All information recorded on the application and any attached documents is accurate and supports my qualifications for membership in ACAAI for which I now apply.

I understand that by joining the College, I agree to receive communication via mail and email about the following: Annual Meetings; *Annals*; AllergyWatch; College Insider; College Advantage; member website features, such as new toolkits; CME, board review, and other educational opportunities; upcoming webinars; awards and grants; advocacy; the Foundation of the ACAAI; and general correspondence and specific emails on matters of importance to the allergy/immunology community.

DATE _____ SIGNATURE OF APPLICANT _____

PLEASE NOTE: An incomplete application or an application missing reference letters will not be processed.



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