

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

FOR OFFICE USE ONLY

Amt. Rcvd. _____

Date Rcvd. _____

ID No. _____



The American College of Allergy, Asthma and Immunology
85 W. Algonquin Road, Suite 550 | Arlington Heights, IL 60005
Phone (847) 427-1200 | Fax (847) 427-1294 | www.accai.org

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

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 FAX

EDUCATION AND TRAINING:

NAME OF MEDICAL SCHOOL #1 LOCATION (CITY) YEAR GRADUATED

NAME OF MEDICAL SCHOOL #2 LOCATION (CITY) YEAR GRADUATED

INTERNSHIP TRAINING PROGRAM SPECIALTY LOCATION (CITY/STATE) BEGIN YEAR/END YEAR

RESIDENCY #1 SPECIALTY LOCATION (CITY/STATE) BEGIN YEAR/END YEAR

RESIDENCY #2 SPECIALTY LOCATION (CITY/STATE) BEGIN YEAR/END YEAR

ALLERGY FELLOWSHIP LOCATION (CITY/STATE) BEGIN YEAR/END YEAR

ADDITIONAL FELLOWSHIP SPECIALTY LOCATION (CITY/STATE) BEGIN YEAR/END YEAR

CERTIFICATION CERTIFICATE # DATE

CERTIFICATION CERTIFICATE # DATE

CERTIFICATION CERTIFICATE # DATE

NO YES

ABAI RECERTIFICATION CERTIFICATE # DATE

(Please attach a copy of certificate or letter of notification from Board.)

CURRENT ACADEMIC AFFILIATIONS:

APPT. #1 (SCHOOL) TITLE

APPT. #2 (SCHOOL) TITLE

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