



American College of Allergy, Asthma and Immunology

Fellow-in-Training Membership Requirements & Application

## Membership Requirements

To be eligible for Fellow-in-Training/Resident/Medical Student membership in the American College of Allergy, Asthma & Immunology, the applicant must meet the following requirements in the category applied.

## 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 and provide a verification letter from his or her allergy training director/coordinator stating the applicant's start and anticipated completion dates. 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 verification letter is still required). 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 verification letter 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.







# FIT / Resident / Medical Student Application



The American College of Allergy, Asthma and Immunology 85 W. Algonquin Road, Suite 550 | Arlington Heights, IL 60005 Phone: (847) 427-1200 | Email: membership@acaai.org Website: acaai.org

| FOR OFFICE USE ONLY |
|---------------------|
| Amt. Rcvd           |
| Date Rcvd.          |
| ID No               |

#### **TYPE OF MEMBERSHIP I AM APPLYING FOR:**

Fellow-in-Training Resident/Medical Student

#### **APPLICATION FEES:**

Fellows-in-Training/Resident/Medical Student - Fee waived

## Please print or type:

|                            |                                  |  | MD DO PHD   |
|----------------------------|----------------------------------|--|-------------|
| NAME, FIRST                | MIDDLE                           | LAST                                     | DEGREES     |
|                            |                                  |  | MALE FEMALE |
| OTHER DEGREES (SPECIFY)    |                                  | DATE OF BIRTH                            | GENDER      |
|                            | HOME ADDRESS OF                  | FICE 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 an | nd phone number will be retained | d on file, they will <b>NOT</b> be publi | shed.       |
| HOME ADDRESS               |                                  |  |             |
| CITY                       | STATE                            | ZIP                                      | COUNTRY     |
| HOME PHONE                 |                                  | HOME EMAIL                               |             |

## **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 |

PLEASE NOTE: A verification letter, stating your start and expected completion dates, from your Training Program Director/Coordinator, is required to accompany your application.

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 |
|------|------------------------|