



American  
**College**  
of Allergy, Asthma  
& Immunology



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.

**VISION  
FORWARD**



American  
**College**  
of Allergy, Asthma  
& Immunology

# 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 | [www.acaai.org](http://www.acaai.org)  
**Email application to: [membership@acaai.org](mailto:membership@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		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	

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## 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.

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DATE	SIGNATURE OF APPLICANT
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