

AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

PROCEDURES FOR THE FELLOW AWARD

The designation, Fellow of the American College of Osteopathic Family Physicians (FACOFP) signifies the recognition of the member's experience, dedication, and contributions of the highest order to the advancement of family practice by his/her peers.



excellence in medicine - healing through caring

QUALIFICATIONS

The Award of Fellow in the American College of Osteopathic Family Physicians may be conferred on Founder and Active Members who have:

- Contributed outstandingly through teaching, authorship, research, or professional leadership, either state or national, to the stated purposes of the ACOFP, and who shall have served a one-year AOA-approved internship and who shall have been a dues paying member at any level of the ACOFP for at least six (6) consecutive years prior to nomination. In the event the nominee has not served a one-year AOA-approved internship, the nominee shall have been a dues paying member of this College for at least eight (8) consecutive years prior to nomination.
- Be certified by the American Osteopathic Association (AOA) or the American Board of Medical Specialists (ABMS).
- Actively participate in local and state osteopathic organizations and ACOFP affiliate societies.
- Nominees must have attended a minimum of at least six (6) ACOFP or AOA (registered as a family physician) Annual Conventions in at least six (6) years. At least three (3) meetings must be ACOFP Annual Conventions and the remainder may be the AOA Scientific Seminars/Annual Conventions. One ACOFP Intensive Review and Board update may be used in place of an AOA Scientific Seminar/Annual Convention.
- Supported past and current hospital, state society, and national activities of the ACOFP.
- A nominee in the military who is unable to attend the ACOFP and AOA Annual Conventions but who can verify service outside the United States will be given special consideration upon request (Memo B-7/84-9).

REQUIREMENTS

- 1) Each Fellow application shall be accompanied by a letter of endorsement by the sponsor and a letter of recommendation from the ACOFP state society, if applicable. If there is no state society, a letter from another ACOFP Fellow who practices in the area or state of the nominee is acceptable.
- 2) The application should include the completion of an **unpublished** scientific paper pertinent to family practice and suitable for publication. This paper should be edited by the sponsor prior to submission, and the sponsor shall submit a written appraisal of the nominee's paper, which shall be included in the nominee's file prior to consideration. All submitted scientific papers shall become the property of ACOFP.
- 3) A fee of \$150 or more, as determined by the ACOFP Board of Governors, submitted by the sponsor of the nominee, shall accompany the Fellow nominee application to cover administrative and Awards Committee expenses. A suitable portion of the fee (\$125) or less, as determined by the ACOFP Board of Governors, shall be refunded to the sponsor of an unsuccessful candidate.
- 4) Upon notice of approval by the ACOFP Board of Governors, the successful nominee shall be billed in additional \$300 or more, as determined by the Board of Governors. The cap, gown, hood, and plaque become the property of the nominee.
- 5) Fellow applications shall be sent only to Fellow sponsors.
- 6) All completed applications must be **postmarked no later than September 15th for the next award ceremony** to:

*American College of Osteopathic Family Physicians (ACOFP)
c/o Awards Committee
330 E. Algonquin Road, Suite 1
Arlington Heights, Illinois 60005*
- 7) Any active Fellow may nominate only one qualified member for the Award of Fellow per year.
- 8) This award shall not be conferred on any person outside of the osteopathic profession.
- 9) Notwithstanding any of the requirements herein above stated, the ACOFP Board of Governors shall have the authority, in its discretion, to confer the Award of Fellow in the ACOFP on an Active Member, in addition to those nominated by the Awards Committee. The nominee shall be approved by a majority of the ACOFP Board of Governors. Nominations shall be made as confidential as possible.
- 10) Should the Awards Committee find that a candidate does not meet the requirements, the sponsor will be contacted for consultation.

FELLOW AWARD NOMINEE WORKSHEET

This worksheet must be completed by nominee and returned with application to the ACOFP Headquarters.

Name of Nominee: _____ AOA #: _____

Name of Sponsor: _____

- SPONSOR: Enclose of check for \$150.
- SPONSOR: Completely fill out application and send to ACOFP Headquarters by Sept 15. Incomplete applications will not be accepted. Please **DO NOT** write "refer to CV".
- SPONSOR: Letter of recommendation must be enclosed.
- SPONSOR: Edited paper and completed attached form.
- NOMINEE: Must be an ACOFP Active Member for six (6) consecutive years.
- NOMINEE: Letter of recommendation by the ACOFP State Society, if applicable, or a letter from another ACOFP Fellow who practiced in the area or state of the nominee must be enclosed.
- NOMINEE: Must include a color photo (publication quality). Digital photos preferred and may be sent to ACOFP Headquarters via email to stacyj@acofp.org.
- NOMINEE: AOA printout enclosed, indicating which annual ACOFP/AOA meetings were attended.
- NOMINEE: Current Curriculum Vitae enclosed (*CV should include public/community service*).
- NOMINEE: An original, **unpublished** paper enclosed. This can **NOT** be a previously published paper. This paper will be considered to receive the Award this year. Title of your paper:

Please list the **last six (6) ACOFP/AOA (ACOFP registered)** annual conventions attended in the past six years. All six (6) may be ACOFP, but **at least three (3) MUST** be ACOFP annual conventions. The remaining three (3) may be AOA, and one (1) ACOFP Intensive Update may count as an AOA annual convention.

Please specify if ACOFP or AOA and the year attended.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Divisional Society Member in good standing _____ Since _____

State ACOFP Society Member _____ Since _____

FELLOW AWARD NOMINEE APPLICATION

Name of Nominee: _____ Certified by the AOA? NO YES

OFFICE

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

HOME

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Pre-Professional College(s) Attended (Give degree earned):

Name	City	State	Years Attended	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional College Attended:

Name	City	State	Years Attended	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Honorary Degrees: _____

List Years and Locations of General Osteopathic Medicine: _____

List Memberships in Local, State, or National Family Practice Organizations; Years: _____

List Past Offices Held in These Organizations: _____

List Current Hospital Affiliations: _____

List Current State Osteopathic Licenses Held: _____

List Local, State, and National Professional Memberships: _____

List Offices Held in All Professional Organizations and Years: _____

Has your DEA or medical licenses ever been suspended or revoked? NO YES

If yes, please explain: _____

Have you ever been convicted of a felony? NO YES

If yes, please explain: _____

Use additional pages for Civic Activities, Offices Held, and Honors Received. Enlarge on all credits held.

Nominee Signature

Date

Sponsor Signature

Date

FELLOW NOMINEE SCIENTIFIC PAPER REPORT FORM

Name of Nominee: _____

Name of Sponsor: _____

Scientific Paper Title: _____

As Sponsor of the above Nominee, I have read the attached scientific paper and feel that the paper is:

Appraisal

Excellent _____

Good _____

Satisfactory _____

Not very good _____

Poor _____

Comments:

Sponsor Signature

Date

Please return as soon as possible to ACOFP Headquarters.