



**AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS (AAPS)  
DEGREE OF FELLOW APPLICATION**

American Academy of \_\_\_\_\_  
Insert Academy of Medicine Name

**Part I: General Information**

(Must Type or Print Application)

**Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name** \_\_\_\_\_ **Degree (s)** \_\_\_\_\_  
Last First MI

**Address** \_\_\_\_\_  
Street Apt. No.

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
Cell Home Work

**E-mail** \_\_\_\_\_

**Primary Specialty Certification** \_\_\_\_\_ **Other Certification** \_\_\_\_\_

**Date Initial Specialty Certification** \_\_\_\_\_

**Date Specialty Recertification** \_\_\_\_\_

**Residency Training** \_\_\_\_\_

**Academic Appointments** \_\_\_\_\_

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## Part II: AAPS Fellowship Designation Requirements and Procedures

AAPS affiliated Academies of Medicine may choose to honor its physician members who meet the following criteria and award them with the Degree of Fellow during/following the AAPS Annual Scientific Meeting. The designated voting body will review and vote on the application in accordance with the procedures indicated below. The applicant will be notified by mail of the decision of the voting body.

Please complete the sections below by answering yes/no to the following requirements. **Actions to be completed by the Academy are indicated with AAPS listed in the yes/no areas.**

Yes	No	Requirement/Procedure
		1. Candidate must have received initial ABPS certification in an eligible specialty at least three (3) years prior.
		<p>2. At least <b>three of the following criteria</b> below must be met to be considered for the Degree of Fellow:</p> <p>a. Lectured or presented a poster at an AAPS Annual Scientific Meeting. List Year: _____</p> <p>b. Published in, served as Editor of, or peer reviewed a minimum of two (2) articles for the AAPS <i>Member Notes</i> or the <i>American Journal of Clinical Medicine (AJCM)</i>, or published in a peer-reviewed medical journal while a Diplomate of ABPS. List: _____</p> <p>c. Served as an Academy Officer or Governor, Board of Certification member, or AAPS Committee member. List Year and Position: _____</p> <p>d. Served as an Oral Examiner, member of an Examination Committee, or participated in a Certification Workshop for the Board of Certification Examination procedures. List Year and Position: _____</p> <p>e. Submitted and received board approval for at least 50 written exam questions within the past five (5) years. (Specialties with written examinations only) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Emergency Medicine Only: Served as an onsite Graduate Training Program (GTP) inspector for four (4) separate visits. List inspection dates and names of inspection site: _____ _____ _____ _____</p> <p>g. Emergency Medicine Only: Served as active faculty in a recognized AAEP Emergency Medicine fellowship training program for at least twelve months.* Name of Training Program: _____ Faculty Position Start Date: _____ End Date (if applicable): _____ <i>*A letter from the fellowship training program/employer verifying the applicant's faculty position and position start date and end date (if applicable) must be submitted with this application</i></p>
		<p>3. Registered and attended three (3) AAPS Annual Scientific Meetings within the past five (5) years. List Years: 1. _____ 2. _____ 3. _____</p>
		4. Candidate must have one letter of support from a Fellow in his or her Academy submitted by the December 31 <sup>st</sup> deadline. Any nomination for the Degree of Fellow shall be addressed to the Chair/President of the designated voting body and shall state the candidate's full name and qualifications, including services to that Academy and to the profession.

AAPS	AAPS	5. The designated voting body shall determine the qualifications of the candidate and shall vote on the candidate. If favorably acted upon, such degree shall be presented at the next annual meeting.
AAPS	AAPS	6. The Degree of Fellow shall be awarded only with the unanimous approval of all members of the designated voting body present during their winter meeting. In the event a unanimous vote is not cast, the following rules shall apply: <ul style="list-style-type: none"> <li>a. The dissenting vote of any member of the designated voting body shall not be recorded unless it is supported by written report stating the reason for the dissenting vote.</li> <li>b. In the event there is a recorded dissenting vote, the candidate for the Degree of Fellow shall be notified that s(he) shall have an opportunity to appear for a hearing before the designated voting body within one year. Such hearing shall be held by the designated voting body within one year and after thirty days notice of the candidate for the Degree of Fellow. Such thirty days notice can be waived by the candidate or his/her sponsors.</li> <li>c. Following the hearing a new vote shall be taken and the Degree of Fellow may be granted to the member by a majority vote of members of the designated voting body.</li> <li>d. The sponsor of a candidate for the Degree of Fellow shall have the privilege of withdrawing the candidate's name from any consideration at any time prior to the conferring of the Degree of Fellow upon the affiliate.</li> </ul>

### Part III: Activities in Specialty Academy

Please list all activities that you feel are related to your specialty, including specific activities in the AAPS or its specialty Academy, specialty-related publications and lectures, and community activities. If additional space is needed, please attach a separate sheet.

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### Part IV: Application Requirements

The following information must be attached to the application:

- \_\_\_\_\_ Current Curriculum Vita
- \_\_\_\_\_ Recent professional studio color photograph (submit digital photo by **email**)
- \_\_\_\_\_ One letter of support from a Fellow of your Academy of Medicine
- \_\_\_\_\_ Completed application. Applications that are not complete will be returned to the applicant.

**By signing below I verify that the above information is true and complete. I understand that if found otherwise, it is sufficient cause for rejection.**

Signature \_\_\_\_\_  

Signature
Date

**Return your completed application by December 31, 2024,\* with all required attachments to:**

American Association of Physician Specialists, Inc.  
5550 West Executive Drive, Suite 400, Tampa, FL 33609  
Email: KClarke@aapsus.org

**\*Any Degree of Fellow application received after December 31, 2024, will not be reviewed by the respective voting body for awarding the designation in 2025.**