



**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 _____ **Apt. No.** _____
Street

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 _____

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. The designated voting body will review and vote on the application in accordance with the procedures indicated below. The applicant will be notified by email 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.
		2. At least three of the following criteria below must be met to be considered for the Degree of Fellow: <ul style="list-style-type: none"> <li data-bbox="396 642 1485 737">a. Lectured or presented a poster at an AAPS Annual Scientific Meeting or AAPS virtual CME program (prior to 2024). List Year: _____ <li data-bbox="396 764 1485 858">b. Published in a peer-reviewed medical journal while a Diplomate of ABPS. List Publication Name, Article Name, and Date: _____ _____ <li data-bbox="396 886 1485 980">c. Served as an AAPS Academy of Medicine Officer/Governor or ABPS Board of Certification Officer/Director for a minimum of two (2) terms. List Positions and Terms: _____ <li data-bbox="396 1008 1485 1102">d. Served as an oral examiner for at least two (2) ABPS oral examinations within the past eight (8) years. List Exam Dates: _____ <li data-bbox="396 1129 1485 1199">e. Obtained 30 examination development credits for participation in ABPS examination development workshops or review sessions within the past eight (8) years. <input type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="396 1226 1485 1295">f. 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 <li data-bbox="396 1323 1485 1499">g. Served as active faculty of a medical school, residency program, or fellowship training program for at least twelve months while a Diplomate of ABPS.* Name of Medical School/Program: _____ Faculty Position Start Date: _____ End Date (if applicable): _____ <i>*A letter from the employer verifying the applicant's faculty position and position start date and end date (if applicable) must be submitted with this application</i> <li data-bbox="396 1526 1485 1766">h. Served on hospital, state, or county level emergency response team in any capacity for minimum of one year while a Diplomate of ABPS or deployed as team member of Disaster Medical Assistance Teams (DMAT) or command and control National Disaster Medical System (NDMS) while a Diplomate of ABPS.* Position, Organization: _____ Position/Deployment Start Date: _____ End Date (if applicable): _____ <i>*A letter from the employer verifying the applicant's position and position/deployment start date and end date (if applicable) must be submitted with this application</i> <li data-bbox="396 1793 1485 1913">i. Emergency Medicine Only: Served as a Graduate Training Program (GTP) site inspector for two (2) separate site inspections. List inspection dates and names of inspection site: _____ _____

		3. Candidate must have one letter of support from a Fellow in his or her Academy submitted by the December 31 st 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	4. The Degree of Fellow shall be awarded with a majority approval by the members of the designated voting body present at their winter meeting. If application is approved, the Degree of Fellow will be awarded to the applicant the following summer.

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.

Part IV: Application Requirements

The following information must be attached to the application:

- _____ Current Curriculum Vita
- _____ Recent color professional headshot/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, 2025,* with all required attachments to:

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

***Any Degree of Fellow application received after December 31, 2025, will not be reviewed by the respective voting body for awarding the designation in 2026.**