

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS APPLICATION FOR FELLOW STATUS

PLEASE REVIEW THESE INSTRUCTIONS CAREFULLY:

- 1. Please type or print.
2. The required \$200 non-refundable application fee must accompany this application. Make sure you qualify before applying.
- Three full continuous years of regular membership prior to election
- Board Certification by ABEM, AOBEM or in Pediatric EM by ABP.
- Three years of active involvement in EM as the physician's chief professional activity exclusive of training, and
- Satisfaction of at least three additional criteria listed below.
3. Questions regarding your eligibility? Contact MCC staff at 800-798-1822 ext. 5 before submitting your application; your application fee is non-refundable.
4. Send completed form to: American College of Emergency Physicians, Member and Customer Services Department, PO Box 619911, Dallas, TX 75261-9911 or fax 972-999-4624.

Name (As you would like it to appear on your certificate) ACEP Member # A

Home: (street address) (city, state, zip)
(phone number) (fax number) (e-mail address)

Hosp: (hospital name and street address) (city, state, zip)
(phone number) (fax number) (e-mail address)

Preferred address: Home Hospital Business

ABEM Certification Date: ABP Pediatric EM Certification Date:

AOBEM Certificate Date: To expedite your fellow application, please remit a copy of your certification certificate to verify your diplomat status with the AOBEM

Please charge my credit card: MasterCard Visa Discover AMEX
Card #: Exp. Date:
Security Code: (3 digit code on back or 4 digit on front-AMEX)
Billing Zip Code Signature:

ACEP Fellow Status identifies you as a leader in emergency medicine and in your community. The information you provide below will help us provide you with the opportunity to use your skills and talents at the chapter and national levels of the College.

Send me information on chapter national opportunities

I'm interested in the following: Leadership Education Mentoring Advocacy

Other special interest - please specify

The ACEP Bylaws require a candidate for fellow status to fulfill the following:

- 1. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of residency training. (All fellows must fulfill this requirement.)

Mth/Yr -Mth/Yr Location of Emergency Medicine Practice
- -
- -

- 2. Satisfaction of at least three of the following individual criteria during their professional career:

- 1. Active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official.

Name of Organization Describe Involvement or Position Held
- -
- -
- -

2. Active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff; {Attach letter from ED Director or chief of staff attesting to your involvement. **Letter must be returned with the application.** }

Name of Hosp Committees

Dates Served

Describe other Involvement

3. Active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out of hospital care personnel, or the public {Describe involvement in formal teaching of emergency medicine, indicate audience, etc.}

4. Active involvement in emergency medicine administration or departmental affairs {**Describe involvement - list title, dates, etc.** }

5. Active involvement in an emergency medical services system {Describe involvement, **including dates**, capacity in which you served, etc. }

6. Research in emergency medicine {Describe the research, resulting articles published in a journal, etc. }

7. Active involvement in ACEP Chapter activities as attested by the chapter president or chapter executive director (List elected or appointed positions held and dates served or describe other involvement.) {**Letter from chapter president or chapter executive director attesting to this involvement must be attached to the application.** }

8. Member of a national ACEP committee, the ACEP Council, or national Board of Directors {List name of committee and years served or term years as a councilor or Board of Directors. }

9. Examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine {Describe responsibilities or title with ABEM. }

10. Reviewer for, editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book {List title of journal or reference material. }

Title of Journal/
Reference Material

i.e. Reviewer/
Editor/Author

Title of Article/
Chapter(s)

My signature certifies that the information contained in this application is true and that I have satisfied those professional activities specified on this application. My signature also is an indication of my desire to become a Fellow of the American College of Emergency Physicians.

Signature

Date