



Degree of Fellow

Name _____

Address _____

Office Phone (____) _____ Home Phone (____) _____

Fax (____) _____ Email Address _____

AAUCM Degree of Fellow

The Degree of Fellow was established by the American Academy of Urgent Care Medicine to recognize members who have distinguished themselves among their colleagues by their participation in activities outside their medical practice. They have shown themselves to be exemplary physicians dedicated to education, the community and their profession. As a conferred Fellow of the American Academy of Urgent Care Medicine, these honored individuals are entitled to all the honors and privileges bestowed by this degree.

INSTRUCTIONS

1. To be awarded the Degree of Fellow, you must accrue 100 points as defined by this application.
2. Please note, you do NOT need to complete every section to obtain 100 points.
3. Complete all items that apply.
4. Submit documentation where noted.
5. List each year separately where requested.
6. Tally points in boxes on the right side of application. Total each section on back page.
7. If you need assistance, please contact Cari Withrow at 407-521-5789.

PLEASE MAIL COMPLETED APPLICATION TO:

American Academy of Urgent Care Medicine
2813 S. Hiawasse Rd., Suite 206
Orlando, FL 32835

SECTION I

ACADEMIC TRAINING AND CME

1. Indicate initial Board Certification dates. Date of original Certification (month/year):

ABUCM (ABAM) _____

Other _____

(15 points for initial certification, maximum of 15 points)

2. Indicate most recent Board Re-Certifications and dates (month/year):

(5 points per re-certification, 15 points maximum)

3. List any additional degrees and any completed fellowships attained since the beginning of your training:

<u>Degree</u>	<u>Institution</u>	<u>Date</u>
MBA	_____	_____
MPH	_____	_____
PhD	_____	_____
JD	_____	_____
DDS	_____	_____
Other	_____	_____
Fellowship	_____	_____

(5 points per additional degree, 10 points maximum)

4. List CME meetings you have attended:

<u>Meeting</u>	<u>Sponsor</u>	<u>City/State</u>	<u>Month/Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Allow 5 points per meeting, maximum 5 meetings)

5. Attendance at annual AAUCM Meeting

(20 points)

6. List the CME activities (other than meetings) you have participated in, such as Video CME, Home Study Self-Assessment or procedural skill courses:

Activity

Date

(Allow 2 points per activity, maximum of 10 points)

SECTION II
PUBLISHING AND RESEARCH

7. List authored research you have published in a referred journal:

Article Title

Name of Journal

Month/Year Published

(5 points per article, maximum 20 points)

8. List Clinical review articles you have published in a journal (such as American Family Physician, New England Journal of Medicine, Emergency Medicine, Female Patient, Medical Economics, etc.):

Article Title

Name of Journal

Month/Year Published

(4 points per article, maximum 20 points)

9. Contribution to AAUCM publication

(10 points)

10. List articles you have published in (clinical or socio-economic) medical publications:

<u>Article Title</u>	<u>Name of Journal</u>	<u>Month/Year Published</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(1 point per article, maximum 4 points)

11. List if you have served as editor of a medical publication:

<u>Publication</u>	<u>Start/End Date</u>
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_____	_____
_____	_____
_____	_____
_____	_____

(1 point per publication, maximum 4 points)

12. List medical books you have authored or co-authored:

<u>Book Title</u>	<u>Month/Year Published</u>
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_____	_____
_____	_____

(10 points per book, maximum 20 points)

13. List any services as a contributing author, co-author or editor of a non-medical book, chapter of a medical or non-medical book, monograph or CME tape (i.e., cook book, fiction, non-fiction):

<u>Activity</u>	<u>Publication</u>	<u>Month/Year Published</u>
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_____	_____	_____
_____	_____	_____

(4 points per activity, maximum 8 points)

SECTION III

VOLUNTEER TEACHING

14. List participation as a lecturer at a national meeting:

<u>Meeting</u>	<u>Lecture Title</u>	<u>Location</u>	<u>Month/Year</u>
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(3 points per lecture, maximum 6 points)

15. Describe any service as an active volunteer faculty member at a residency program:

<u>Title</u>	<u>Institution</u>	<u>Location</u>	<u>Year Served</u>
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(5 points per year served, maximum 20 points)

16. List any service as a volunteer preceptor (4 weeks) with medical students and/or residents in your practice (please indicate student or resident, one person per line):

<u>Student/Resident</u>	<u>Medical School</u>	<u>Date</u>
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<input type="checkbox"/> <input type="checkbox"/>	<hr/>	
<input type="checkbox"/> <input type="checkbox"/>	<hr/>	
<input type="checkbox"/> <input type="checkbox"/>	<hr/>	
<input type="checkbox"/> <input type="checkbox"/>	<hr/>	

(4 points per clerkship, maximum 20 points)

17. Describe any volunteer mentoring of medical students and/or residents, i.e., shadowing visits to your office, sponsoring students, attendance at Family Medicine Interest Group (FMIG) meetings (this can include pre-med):

Description	Year
_____	_____
_____	_____
_____	_____
_____	_____

(1 point per year, maximum 5 points)

18. Detail occasions you have lectured, on a volunteer basis, to students and/or residents:

<u>Topic</u>	<u>Organization</u>	<u>Location</u>	<u>Month/Year</u>	<u># of Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(1 point per lecture hour, maximum of 10 points)

SECTION IV
PUBLIC SERVICE

19. List participation in charitable medical services outside your regular practice (i.e., free clinic, healthcare to the homeless, etc.):

<u>Facility</u>	<u>Activity</u>	<u>City/State</u>	<u>Month/Year</u>	<u># of 8-hr. sessions</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(2 points per each 8-hr. session, maximum 20 points)

20. List occasions when you have participated in charitable medical services within your regular practice :

Describe General Nature of Services

(1 point per each 30 patient contacts you have had per year, maximum 10 points)

21. List any government (national, state or local) services you have performed in an elected or appointed office (excluding full-time government work). (Examples would be Medical Advisory Board, PRO Board, Peer Review and Legislative Task Force):

Position Organization City/State Month/Year

(10 points per position, maximum 20 points)

22. Describe if you have performed public relations activities, such as lectures to civic groups or public service announcements, radio or TV appearances, etc.:

Activity Group Location Month/Year

(2 points per activity per year, maximum 20 points)

23. List any patient education activities you performed outside of your practice, such as health fairs, cancer screenings, writings for lay publications, school health lectures, etc.:

<u>Activity</u>	<u>Group/Publication</u>	<u>Year</u>

(2 points per activity per year, maximum 20 points)

24. List those community organizations in which you are involved and serve, i.e., Scout Leader, Tar Wars voluntary organizations (Rotary, Kiwanis, etc.), church activities, service clubs, etc. (Not team physician, see questions 27):

<u>Activity</u>	<u>Group</u>	<u>Location</u>	<u>Year</u>

(2 points per activity per year, maximum 20 points)

SECTION V
PRACTICE

List the years of medicine practiced in an underserved area, i.e., Indian Health Services, Public Health Service, rural or inner city clinic, etc.:

<u>Organization</u>	<u>City/State</u>	<u>Year</u>

(5 points per year of care, maximum 20 points)

26. List volunteer medical services you have performed (team physician, school clinics, STD clinic, etc.):

<u>Activity</u>	<u>City/State</u>	<u>Year</u>

(10 points)

SECTION VI
SERVICE TO THE SPECIALTY

27. List legislative services you have performed in the following areas;
A. Service in a legislative Key Contact Program of a medical organization, such as AAUCM, state medical society, etc.

<u>Activity</u>	<u>Year</u>

(1 point per year, maximum 3 points)

B. Presented legislative testimony on medically related issues at any level of the government (federal or state):

<u>Topic</u>	<u>Legislative Body</u>	<u>Month/Year</u>

(1 point per testimony, maximum 3 points)

C. Serving in Doctor-of-the-Day Program at your state legislature

Chapter

Year

(1 point per year, maximum 3 points)

30. List if you have served as a committee chair, officer or delegate/alternative in another medical organization such as AMA, AOA, state or county medical society, etc.:

Position

Organization

Year

(1 point per year of service, maximum 4 points)

31. List if you were a recipient of a state or national award, such as Mead Johnson, McNeil, Walt Kemp, etc:

Organization

Award

Year

(4 points per award, maximum 8 points)

32. List any participation in Academy (national or chapter) non-clinical education activities, such as Leadership Skills Development Conference, Annual Leadership Forum, Fundamentals of Management, self-study leadership course, etc.:

<u>Activity</u>	<u>Year</u>

(1 point per activity, maximum 5 points)

33. List any of the following positions held in a national organization:

A. Delegate/Alternate Delegate

<u>Position</u>	<u>Year</u>

(2 points per each year in office, maximum 10 points)

B. Member, other than chair, Committee/Commission:

<u>Committee/Commission</u>	<u>National Organization</u>	<u>Year</u>

(1 point per each year in office, maximum 6 points)

TOTAL POINT COUNT FOR:

Section I (maximum allowed points 55)

Section II (maximum allowed points 85)

Section III (maximum allowed points 70)

Section IV (maximum allowed points 70)

Section V (maximum allowed points 60)

Section VI (maximum allowed points 60)

TOTAL POINT COUNT
(maximum – 400 points, minimum 100 points needed to be confirmed as fellow)

Fellowship Fees

Fees for the Degree of Fellowship are \$150 and may be paid by personal check, money order, or credit card. If paying by credit card, please provide the following information:

- AmEx Mastercard Visa Discover

Account number: _____ Exp. Date: _____ CVC/CVV2 Number _____



American Express
4 digits on front of card



Discover, Visa and MasterCard
3 digits on back of card (appears *after* the last four digits of the card number)

Cardholder signature: _____

CERTIFICATION

I certify that the information I gave in this application accurately represents my professional status and experience. Further, I recognize that any information on this application that is falsified may lead to the revocation of this Fellowship Degree.

Signature

Date