



FELLOW STATUS APPLICATION
Category: Medicine

PLEASE PRINT OR TYPE: Application Date \_\_\_\_\_

NAME \_\_\_\_\_

CONTACT INFO

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

I. To be eligible to apply for Fellow Status in the Society for Adolescent Health and Medicine, an individual must meet the following five (A-E) criteria. Please check the five criteria selections that apply and attach necessary documentation.

A. Membership in good standing in SAHM for a period of three consecutive years.

Number of Years as a SAHM Member: \_\_\_\_\_

B. Appropriate professional credentials specific to discipline.

Medicine:

- 1. Doctor of Medicine or Doctor of Osteopathy degree or its equivalent from an accredited academic institution. (Attach copy of diploma.)
2. Board certification in pediatrics, internal medicine, family medicine, psychiatry, obstetrics and gynecology or other specialty with certifying boards or equivalent. (Attach copy of certificates.)
3. Current or past State license to practice medicine, or equivalent licensure if practicing outside the U.S. AND in good standing with applicable licensure board. (Attach copy of license.)

C. Demonstration of at least five years of special interest in adolescent health. (Check appropriate box.)

Medicine:

- 1. Subspecialty board certification in adolescent medicine, certificate of additional qualifications in adolescent medicine, or equivalent certification. OR
2. Completion of at least two years of specialized education in an established training program in adolescent health, OR
3. Completion of one year specialized education in an established training program in adolescent health or adolescent-focused work and at least three additional years of clinical, teaching, public health research activity and/or program leadership during which majority of time commitment is devoted to adolescent health.

**D. Attended two or more SAHM meetings in the three years prior to applying for Fellow Status, one of which may be a SAHM regional chapter meeting.** (*Attending the SAHM/AAP AM: PREP Course will also count as a meeting requirement. Non-US Fellow status applicants may count an international adolescent-oriented meeting as one of the required meetings.*)

Please provide meeting name, date and location below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**E. Submission of letters of recommendation or documentation from two current FSAHM members indicating first-hand knowledge of the applicant’s educational and professional background, including:**

- i. Contributions to the field of adolescent health and/or medicine, including work and other creative activities and service to professional/community organizations and/or publications, especially those focused on adolescent health/medicine
- ii. Current position including a brief description of work/creative activities
- iii. Commitment to SAHM supported by length of membership and involvement in committees or other service-related activities
- iv. Moral and ethical character
- v. Current standing in the field, including to their knowledge that the candidate has not had their professional license to practice suspended or revoked

**SAHM Headquarters will contact your recommended sponsors. Please provide their names below.**

1. \_\_\_\_\_
2. \_\_\_\_\_

**FILE REVIEW WAIVER NOTICE**

We trust you appreciate that persons designated as recommenders by Fellow Status Applicants can best comment upon an applicant’s qualifications if assured of confidentiality. You, yourself, undoubtedly have been in a similar situation. Accordingly, we ask that you waive your rights to review your Fellow Status Application File by signing below. If you are unwilling to waive such rights, simply do not sign.

I, the undersigned, do hereby waive any rights to directly or indirectly review my application file for Fellow Status in the Society for Adolescent Health and Medicine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Enclosure Checklist:

1.  Completed Application
2.  \$75 Application Fee
3.  Photocopy of Professional School Diploma
4.  Photocopy of State License or other documentation of eligibility to practice your profession, if applicable.
5.  Photocopy of Specialty Board Certificate, other Professional Certificate, or Documentation of Qualifying Organizational Membership as appropriate to your profession.
  - a.  Item #5 is not applicable
6.  Curriculum Vitae (*CV must be no longer than five pages*)
  - a.  I attest that the CV included in my application materials is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Society for Adolescent Health and Medicine

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