



FELLOW STATUS APPLICATION

Category: _____

PLEASE PRINT OR TYPE:

Date: _____

Name: _____

CONTACT INFO

Address: _____ Phone: _____

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.

Please indicate your discipline: _____

- o Masters or Doctoral degree in an accredited program where applicable.

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

- o Completion of a training program with a concentration in 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

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. Letters of recommendation
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.

Please email your completed application as one PDF document to Jennifer Lanphere at janphere@adolescenthealth.org

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