

AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS
P.O. BOX 291690
DAVIE, FLORIDA 33329-1690
(800) 741-2626

Telephone: (954) 262-1700

Fax: (954) 262-1748

APPLICATION FOR CANDIDATE MEMBERSHIP

FIRST _____ **MI** _____ **LAST** _____ **SUFFIX** _____

BIRTHDATE: _____ **AOA #:** _____

ADDRESS: STREET _____ **APT.** _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE: _____ **SPOUSE NAME:** _____ **E-MAIL:** _____

PRESENTLY ENGAGED IN AN AOA/AOAO APPROVED ORTHOPEDIC SURGERY RESIDENCY TRAINING PROGRAM AT: _____

TRAINER: _____

ANY OTHER RESIDENCY TRAINING: _____

INTERNSHIP (DATE, HOSPITAL): _____

OSTEOPATHIC DEGREE, SCHOOL AND DATE GRADUATED: _____

ARE YOU A MEMBER OF NATIONAL, STATE, DISTRICT OSTEOPATHIC SOCIETIES? _____

LIST: _____

WHERE LICENSED TO PRACTICE (STATE, LICENSE, and DATE): _____

POST-GRADUATE WORK (WHERE, WHEN, SUBJECT MATTER, CLOCK HOURS): _____

ARE YOU NOW CERTIFIED IN ANY SPECIALTY? _____



I am applying for membership in the Resident American Osteopathic Academy of Orthopedics

FOR RECOMMENDING DOCTORS:

THIS IS TO CERTIFY that I am a Member of the American Osteopathic Academy of Orthopedics, and am personally acquainted with Dr. _____, who herewith applies for Candidate Status in the American Osteopathic Academy of Orthopedics. I have read this statement of qualifications, and believe the applicant to be worthy of favorable consideration for Candidate Status in the American Osteopathic Academy of Orthopedics.

SIGNATURE OF AOA MEMBER

PLEASE PRINT NAME

SIGNATURE OF AOA MEMBER

PLEASE PRINT NAME

FOR RECOMMENDING TRAINER:

THIS IS TO CERTIFY that _____, Applicant for Candidate Status, AOA, is presently in an AOA approved orthopedic residency program.

SIGNATURE OF PROGRAM DIRECTOR

PLEASE PRINT NAME

FOR CANDIDATE APPLICANT:

I HEREBY CERTIFY that the above statements made by me are true to the best of my knowledge and belief and that I will give every possible aid to the Membership Committee in its investigation of my qualifications as a Candidate. I furthermore promise that, if elected a Candidate in the American Osteopathic Academy of Orthopedics, I will abide by the rules and regulations of the Academy and endeavor to uphold and sustain the ethics of my profession and the good name of this Academy and of Osteopathic Medicine.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

AOA #

THE COMPLETE APPLICATION PACKAGE SHOULD INCLUDE:

- The Completed Application Form; and,
- A passport size photo.

Residents in American Osteopathic Association approved orthopedic residency training programs are eligible to apply for Candidate Membership in the AOA. Once the residents complete their five-year orthopedic residency training program they may then apply for full Active Membership in the AOA.