

**Fellowship Endorsement Form**

**Candidate Information:**

Name: \_\_\_\_\_

City, State: \_\_\_\_\_

**Sponsor Information:**

Name: \_\_\_\_\_

Current/Past Position in AMWA: \_\_\_\_\_

Candidate Reference:

I am familiar with the criteria for AMWA Fellowship noted on the next page of this form, and I endorse the candidate for AMWA Fellowship without reservation.

Please provide at least two examples of special accomplishments (e.g., exhibited leadership skills, work within AMWA) that you have witnessed.

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

**Requirements for AMWA Fellowship:**

AMWA Fellowship is an honor achieved by those recognized for their integrity, professional competence in medicine, leadership skills, scholarship and commitment to the mission of AMWA.

Candidates for fellowship must be Board certified in their field (or previously certified) and have at least five years of clinical practice or professional experience post residency.

Advancement to fellowship is based upon an assessment using specific criteria, including:

- Leadership at a national, academic, state and/or local level
- Teaching experience
- Mentoring of students or trainees at any level
- Publications
- AMWA leadership and commitment
- Post graduate training
- Public policy or advocacy work
- Public service