

AMWA Fellowship Program Application

This application asks for your CV and two fellowship endorsement forms. If you do not have at the time you complete the application, please send to associatedirector@amwa-doc.org to complete your application. The fellowship endorsement forms must be filled out by a local or national AMWA leader and can be found on the AMWA Fellowship web page.

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

E-mail

Mailing Address

Institution

Fellowship Interest Questions

Please list your local and national leadership positions and indicate years served. Please list these individually, rather than refer to your CV.

Please list academic teaching positions (indicate number of years). Please list these individually, rather than refer to your CV.

Please list mentoring activities (indicate number of years). Please list these individually, rather than refer to your CV.

Please list all publications. Please list these individually, rather than refer to your CV.

Are you a current AMWA member?

Yes

No

How many years have you been an AMWA member?

Please list leadership positions you have served in AMWA (indicate years). Please list these individually, rather than refer to your CV.

Please list additional post- graduate training beyond internship and residency. Please list these individually, rather than refer to your CV.

Have you been active in policy and advocacy work? (If yes, please describe)

Have you been active in public service? (If yes, please describe)

Have you ever been convicted of a felony or misdemeanor?

Yes

No

Have you ever had your medical license revoked or suspended?

Yes

No

Have you ever faced disciplinary action from your State Medical Board?

Yes

No

Are you board certified?

Yes

No

N/A

If you selected N/A, please state reason below.

If you are currently retired, were you board certified while in practice?

Yes

No

N/A

In what medical specialty are (were) you certified?

Have you had at least 5 years of clinical practice or professional experience post residency/ training?

Yes

No

If yes, please describe.

To the best of my knowledge, all information furnished by me in this application and in the supporting documentation is true and complete. I further understand that my election to Fellowship may be publicized in national/local or international press. I affirm that all professional licenses granted to me are in good standing, and that I have not been the subject of disciplinary action. I understand that, in order to evaluate my application, AMWA may review my credentials. I agree to cooperate in such review and allow others to provide information regarding my credentials. I affirm that I will support AMWA's mission and vision and continue to uphold the highest standards of excellence as exemplified by the standards and traditions of the American Medical Women's Association. I also understand that if elected for fellowship status with AMWA, I can retain the use of the credentials "FAMWA" as long as I remain a member in good standing with AMWA.

Signature (Electronic)
