

The American College of Allergy, Asthma & Immunology

MEMBERSHIP REQUIREMENTS AND APPLICATION

CHECK LIST FOR SUBMITTING ACAAI MEMBERSHIP APPLICATION:

Have you:

- Completed the application?
- Signed and dated the application?
- Checked membership category for which you are applying?
- Submitted copies of Board Certification letters and/or certificates?
- Provided names and addresses of 2 physician references?
- Had your sponsor sign the application?
- Had your sponsor submit a letter of recommendation to ACAAI?

*Foreign-trained applicants must submit *curriculum vitae*.

ACAAI

85 W. Algonquin Road, Suite 550
Arlington Heights, Illinois 60005

Phone: (847) 427-1200

Fax: (847) 427-1294

www.acaaai.org

MEMBERSHIP REQUIREMENTS

To be eligible for membership/fellowship in the American College of Allergy, Asthma & Immunology, the applicant must meet the following requirements in the category applied.

FELLOWS. To qualify as a Fellow, an applicant:

1. shall be graduated from a medical school accredited by the Liaison Committee on Medical Education (LCME), an accredited school of osteopathy or an equivalent foreign medical institution;
2. shall be fully licensed to practice medicine in a state of competent jurisdiction;
3. shall have been certified by the American Board of Allergy and Immunology, a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics (ABAI);
4. shall exhibit superior proficiency in research or in the practice of allergy/immunology as demonstrated by (a) teaching in a recognized medical school or affiliated hospital, for a period of not less than two (2) years immediately preceding application, or (b) devoting at least seventy-five percent (75%) of his or her professional activity to the practice of allergy/immunology for a period of not less than two (2) years immediately preceding application; and
5. shall be of high moral, ethical and professional standing as attested to by three (3) physicians familiar with the applicant, at least one (1) of whom is a Fellow of the College.
6. trained and residing in a foreign country shall not be required to be certified by the American Board of Allergy & Immunology but shall be considered on an individual basis. However, foreign applicants must also (a) demonstrate meritorious contributions in allergy and immunology; and (b) present evidence of published articles on allergy and immunology or on allied subjects which present original experimental research

MEMBERS. To qualify as a Member, an applicant:

1. shall be graduated from a medical school accredited by the LCME, an accredited school of osteopathy or an equivalent foreign medical institution;
2. shall be fully licensed to practice medicine in a state of competent jurisdiction;
3. shall satisfy the requirements of eligibility for examination by the ABAI at time of making application for membership to the ACAAI; or be a physician who has completed at least 2 years in an accredited U.S. allergy/immunology training program and has a certificate of completion but is not eligible to take the boards in allergy/ immunology because he/she lacks boards in either pediatrics or internal medicine; and
4. shall be of high moral, ethical and professional standing as attested to by three (3) physicians familiar with the applicant, at least one (1) of whom is a Fellow or Member of the College.
5. trained and residing in a foreign country shall not be required to satisfy the requirements of eligibility for examination by the American Board of Allergy & Immunology (ABAI) but shall be considered on an individual basis. However, foreign applicants must also: (a) have equivalent training in allergy and/or immunology as required by the ABAI; and (b) contribute to the advancement of allergy and/or immunology.

SCIENTIFIC FELLOWS.

To qualify as a Scientific Fellow, an applicant shall be a scientist who has made meritorious contributions to allergy /immunology and shall be of high moral, ethical and professional standing attested to by three (3) physicians familiar with the applicant, at least one (1) of whom is a Fellow of the College.

FELLOW-IN-TRAINING MEMBERS.

To qualify as a Fellow-in-Training Member, an applicant shall be a physician enrolled in an Accreditation Council of Graduate Medical Education-approved allergy /immunology training program recommended by one (1) Member or Fellow or his or her allergy training director. A foreign applicant for Fellow-in-Training Member shall not be subject to this requirement, but shall be considered on an individual basis by the Board of Regents. A Fellow-in-Training Member may retain his or her status as such only until the annual meeting following his or her successful completion of an allergy fellowship training program. Provided the applicant meets all other requirements to become a Member, a Fellow-in-Training Member shall automatically be elevated to the status of Member upon notification to the College of successful completion of the allergy /immunology training program.

* * * * *

Final determination of the acceptability of sponsors and/or documentation shall be with the Credentials Committee and Board of Regents. At their discretion, any additional information deemed necessary for proper evaluation of the application may be requested from the applicant.

It is the applicant's responsibility to provide the information on which the Credentials Committee bases its evaluation. The Credentials Committee may request an applicant to provide information and documents which it believes to be relevant to the applicants's qualification. The Credentials Committee will defer making a recommendation until the information is received.

APPLICATION FEES (*Application fees do not apply toward payment of annual dues*)

- | | |
|---------------------------------------|-------------------------------------|
| 1. Fellows - \$50 | 4. Scientific Fellows - \$25 |
| 2. Members - \$25 | 5. Fellows-in-Training - Fee waived |
| 3. Members promoted to Fellows - \$25 | |

MEMBERSHIP / FELLOWSHIP APPLICATION

The American College of Allergy, Asthma & Immunology
85 W. Algonquin Road, Suite 550
Arlington Heights, Illinois 60005
Phone: (847) 427-1200 Fax: (847) 427-1294

FOR OFFICE USE ONLY

Amt. Rcvd. _____

Date Rcvd. _____

Acct. No. _____

Please print or type:

Name _____ M.D. D.O. Ph.D. Other (specify) _____
(first) (middle) (last)

Citizenship _____ Place of Birth _____ Date of Birth _____ Sex: M F

Social Security # _____ Spouse's Name _____

Primary Office Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____ E-mail _____

Please list additional office addresses on a separate sheet of paper and attach.

While your home address and phone number will be retained on file, they will **NOT** be published

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone (_____) _____ Home Fax (_____) _____

I wish to have my mail sent to (check one): Home Address Office Address

EDUCATION & TRAINING

Degree(s)	Name of University (Undergraduate)	Location (City)	Year Graduated

Name of Medical School	Location (City)	Year Graduated
#1		
#2		

Name of Training Program	Specialty	Location (City, State)	Begin. Year/ End Year
Internship			
Residency #1			
Residency #2			
Allergy Fellowship (in approved training program)	N/A		
Additional Fellowship			

Certification _____ Certificate # _____ Date: _____

Certification _____ Certificate # _____ Date: _____

Certification _____ Certificate # _____ Date: _____

ABAI Recertification: No Yes ➤ Certificate # _____ Date: _____

(Please attach photostatic copy of certificate or letter of notification from Board)

CURRENT ACADEMIC AFFILIATIONS

Appt. #1 (School) _____ Title _____

Appt. #2 (School) _____ Title _____

Current Hospital Staff Appointments: _____

Please be specific. An incomplete application will be returned.

PRACTICE CHARACTERISTICS

Are you engaged in private practice? Yes No

I spend the majority of my time in:

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Solo Practice | <input type="checkbox"/> c. Academic | <input type="checkbox"/> h. Hospital Staff |
| <input type="checkbox"/> b. Group Practice | <input type="checkbox"/> d. Administration | <input type="checkbox"/> i. Research |
| <input type="checkbox"/> Single Specialty | <input type="checkbox"/> e. Armed Forces | <input type="checkbox"/> j. Retired |
| <input type="checkbox"/> Multiple Specialty | <input type="checkbox"/> f. Government | <input type="checkbox"/> k. Other (<i>specify</i>) _____ |
| | <input type="checkbox"/> g. HMO | |

What percentage of your time do you spend in the practice of allergy/immunology? _____

What percentage of time do you spend in practice other than allergy/immunology? _____ State specialty _____

Do you treat (*check one*): Children only? Adults only? All ages?

Have you been the subject of any disciplinary action by a local or state medical society or medical licensure body **within the past 10 years?** No Yes (*Please provide an explanation in an accompanying letter.*)

Have you had your hospital privileges suspended, revoked or modified **within the past 5 years?**
 No Yes (*Please provide an explanation in an accompanying letter.*)

MEMBERSHIPS

Please list current memberships in **U.S. allergy** societies. (*Please specify below*):

Local _____

State _____

Regional _____

National _____

Please list memberships in U.S. national medical or specialty societies **other than allergy** (*Please specify below*):

Publications (*Provide exact titles and references and enclose reprints, if available. Enclose separate sheet, if necessary*):

**APPLICANTS FOR FELLOWSHIP CATEGORIES MUST BE SPONSORED BY AN ACAAI FELLOW.
APPLICANTS FOR MEMBERSHIP CATEGORIES MUST BE SPONSORED BY AN ACAAI FELLOW/MEMBER.
SPONSOR MUST SUBMIT LETTER OF RECOMMENDATION.**

Signature of Sponsor: _____

Address of Sponsor: _____

Names, Addresses and Fax Numbers and/or E-mail Addresses of Two Additional Physicians for Reference:

1. _____

2. _____

I hereby certify that: (A) I have read and will abide by the precepts of the College's Bylaws; and (B) All information recorded on the application and any attached documents is accurate and supports my qualifications for membership in ACAAI for which I now apply.

Date: _____ Signature of Applicant: _____

I am applying for: Fellow Member Scientific Fellow Fellow-in-Training

PLEASE NOTE: An incomplete or unsigned application will not be processed.

(See page 2 for application fees)