Criteria for Fellowship in the AAMA

Members of the Academy voted to amend the Bylaws of the AAMA at the April 2000 Membership meeting for the purpose of creating a new class of Membership --- Fellow. To be a Fellow of the Academy, one must meet the following criteria and be elected by a majority of the voting members of the AAMA.

Criteria for Fellow Membership

To be nominated to Fellow of the Academy one must submit an application documenting the following:

1) Possess an MD or DO degree or equivalent.
2) Be licensed to practice as an MD, DO or homeopathic physician in the US or Canada.
3) Be Board Certified by the American Board of Medical Acupuncture.
4) Be a current Associate or Full member of the American Academy of Medical Acupuncture.
5) Have a minimum of five years of Western medicine practice experience or be Board Certified in his or her medical specialty.
6) Have a minimum of four years of clinical experience in medical acupuncture since completing a basic training program in medical acupuncture.
7) Have published or have accepted for publication an acupuncture related article in a recognized medical periodical.
   OR
   Have documented ten hours or more of experience teaching medical professionals on acupuncture related topics.

Nomination and Election

Election of Fellows occurs each Spring during the Annual election of Officers and Directors. For the Spring 2021 elections, the following deadlines apply:

Deadline for the submission of Fellow Applications March 31, 2021*
*(Applications received after the deadline will be carried over to the 2019 election.)

Deadline for submission of Nominations to Members April 16, 2021

Annual Membership Meeting---2021 Virtual Symposium May 1, 2021

Continuing Education

At the time of annual renewal of membership, upon the three-year anniversary of election to Fellowship, Fellows shall document a minimum of 75 hours of continuing education in acupuncture related topics earned in the previous three years.

Application Fee

An application fee of $50 is to be submitted with the application for Fellowship.
APPLICATION FOR FELLOWSHIP IN AAMA

NAME: _____________________________________ Member ID #:______
Address: ____________________________ Phone: ______________
_____________________________________________________________________
Fax :     ______________
_____________________________________________________________________

Education/Degrees:
Colleges Attended, Dates and Degrees Granted: ____________________________

_____________________________________________________________________
Medical School:(name/graduation date/degree conferred) ____________________

_____________________________________________________________________
Residency (hospital name/dates of service /specialty)________________________

_____________________________________________________________________
Fellowship (hospital name/dates of service /specialty)________________________

_____________________________________________________________________
Basic Acupuncture Training Program: (name of the organized course of acupuncture study, 
hours of training, the sponsoring organization and dates of attendance):

_____________________________________________________________________
Current Medical License: State_____ License No.______ Expiration date ______

Board Certification: (Name each, dates conferred & include ABMA, if applicable)
1) _______________________________________ ___________
2) _______________________________________ ___________
3) _______________________________________ ___________

Publications: (List titles of papers/articles published, dates of publication and the Journal or 
Publication in which published. Attach additional pages as necessary. )
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Teaching Experience: (For each course or teaching experience, provide the dates, topic title, hours of teaching, sponsoring organization and whether the audience consisted of medical professionals. Attach additional pages as necessary.)

1) ________________________________________________________________
2) ________________________________________________________________
3) ________________________________________________________________
4) ________________________________________________________________
5) ________________________________________________________________

References: (Provide the names of three active members of the Academy who can serve as references for your application.)

1) _________________________
2) _________________________
3) _________________________

AFFIDAVIT

I, ________________________________, hereby affirm that I have a minimum of four years of clinical medical acupuncture experience since the completion of my formal, basic medical acupuncture training program.

Signature:_________________________ Date: _____________________

Application Fee:

Payment of the $50.00 application fee is enclosed.

Charge the application fee to ____VISA ____MasterCard.

Card Number: ___________________ Expire date: ______

Name on the Card: ___________________ Signature: ________________