



APPLICATION FOR FELLOWSHIP IN AAMA

NAME: _____

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 ___ American Exp.

Card Number: _____ Expire date: _____

Name on the Card: _____ Signature: _____

Submit application and fee to: AAMA, 2512 Artesia Blvd Ste 200, Redondo Beach, CA 90278