

## 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 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 2025 elections, the following deadlines apply:

Deadline for the submission of Fellow Applications February 28, 2025\*

\*(Applications received after the deadline will be carried over to the 2026 election.)

Deadline for submission of Nominations to Members March 14, 2025

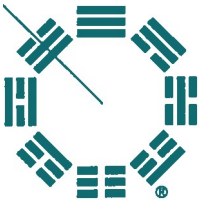
Annual Membership Meeting---2025 Annual Symposium March 29, 2025

### 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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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### Education/Degrees:

Colleges Attended, Dates and Degrees Granted: \_\_\_\_\_

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Medical School:(name/graduation date/degree conferred) \_\_\_\_\_

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Residency (hospital name/dates of service /specialty) \_\_\_\_\_

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Fellowship (hospital name/dates of service /specialty) \_\_\_\_\_

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

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**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.)

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**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) \_\_\_\_\_

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**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:** \_\_\_\_\_

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**Application Fee:**

\_\_\_\_\_ Payment of the \$50.00 application fee is enclosed.

\_\_\_\_\_ Charge the application fee to \_\_\_ VISA \_\_\_ MasterCard \_\_\_ American Exp.

Card Number: \_\_\_\_\_ Expire date: \_\_\_\_\_ Security: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Submit application and fee to: AAMA, 2512 Artesia Blvd Ste 230, Redondo Beach, CA 90278