



American College of Osteopathic Obstetricians and Gynecologists

Regular Membership Application

► Please type or print legibly

Name _____ AOA Number _____

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____

City _____ State _____ Zip Code _____

► Preferred mailing address: Home Work Social Security # _____
(Please check one)

E-mail address _____ (Please check one) Male Female

Work Number (_____) _____ Fax Number (_____) _____

Home Number (_____) _____ Pager Number (_____) _____

PROFESSIONAL MEMBERSHIPS

Member of the AOA? Yes No Are you or were you a Candidate Member of the ACOOG? Yes No

OSTEOPATHIC MEDICAL COLLEGE

School _____ Dates _____

INTERNSHIP TRAINING

Hospital _____ Dates _____

Address _____

RESIDENCY TRAINING

Hospital _____ Dates _____

Address _____

Hospital _____ Dates _____

Address _____

If you had ACGME OB/GYN training, please enclose Certificate of Completion

FELLOWSHIP TRAINING

Hospital _____ Dates _____

Address _____

Subspecialty _____



American College of Osteopathic Obstetricians and Gynecologists

LICENSURE

State _____ License # _____ State _____ License # _____

State _____ License # _____ State _____ License # _____

HOSPITAL STAFF MEMBERSHIPS

Hospital _____

Address _____

TEACHING APPOINTMENTS

Hospital _____

Address _____

This application requires two (2) letters or recommendation from ACOOG Members in good standing or as stated in "(b)" of the Requirements for Regular Membership information attached.

➔ I attest that the statements on this application are true to the best of my knowledge. I agree to abide by the Bylaws and Regulations of the ACOOG upon being granted Regular membership.

Signed _____ Date _____

Please enclose application and fee of \$200 by check, VISA or Mastercard.

VISA / MasterCard # _____ Expiration Date _____
(Please circle one)

Printed Name on card _____

Signature _____

Please mail or fax to:
American College of Osteopathic Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 120, Fort Worth, Texas 76116
(817) 377-0421 (800) 675-6360 (817) 377-0439 Fax



American College of Osteopathic Obstetricians and Gynecologists

REQUIREMENTS FOR REGULAR MEMBERSHIP

The applicant for Regular Membership in ACOOG (the College) shall be an osteopathic physician who has completed a residency in obstetrics and gynecology approved by the AOA or ACGME (Accreditation Council of Graduate Medical Education).

APPLICATION PROCEDURE

- (a) Application shall be made on forms provided by ACOOG.
- (b) The applicant shall provide letters of recommendation from two (2) members of the College who are Personally acquainted with the applicant and who will vouch for his/her training, experience and personal character. These letters shall be sent directly to the Executive Vice President of ACOOG, 8851 Camp Bowie West, Suite 120, Fort Worth, TX 76116, with the application and fee.

Applicants who are, or have trained, in AOA approved military or other AOA approved non-osteopathic programs may provide two (2) letters of recommendation that shall include the residency program director and the chair of the department. These letters of recommendation shall be sent directly to the Executive Vice President of ACOOG at the above address.

- (c) All required data must be in the hands of the ACOOG on or before January 1 preceding the Spring Conference or on or before August 1 preceding the Fall Conference. Regular Members are notified of approval after each Board of Trustees meeting.
- (d) The applicant's part of this process, which includes the recommendation letters, must be completed within one year following the presentation to the office of the formal application and the required fee.

Failure to comply with these regulations automatically results in the forfeiture of the fee, re-application and the payment of a new fee. The submitted material of the applicant will be removed from the files at the end of one year unless the applicant requests its return within this period.

- (e) An application rejected for other reasons than those listed in (d) automatically results in the forfeiture of the application fee, re-application and the payment of a new fee.



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**RECOMMENDATION FORM
FOR REGULAR MEMBERSHIP IN THE ACOOG**

Name of Applicant: _____ **AOA Number:** _____

Dear Applicant: In an effort to streamline the process for your acceptance as a Regular Member, this form is to be provided to two members of the ACOOG who are personally acquainted with you and who will vouch for your training, experience and personal character. As a suggestion, your program director would be an excellent reference upon completion of your program, although this is not a required reference. (ACGME-trained applicants should forward to their program director and department chair if unacquainted with an ACOOG member.)

Dear ACOOG recommending member: Please complete this form and mail in the enclosed envelope as soon a possible so that we may promptly process the application and present the applicant for inclusion in our organization. You may use the space below or attach a separate letter of your own. Thank you for your willingness to further the mission of the ACOOG. *Mail or fax this to Sherry Halm, Membership Coordinator, 8851 Camp Bowie West, Suite 120, Fort Worth, Texas 76116, or (817) 377-0439.*

RECOMMENDATION: _____

Print Name

Signature of ACOOG Member

Address: _____

City: _____ State: _____ Zip: _____

AOA Number: _____ Date: _____