

2007-2008 ASAM FELLOW APPLICATION

Application Deadline: Thursday, January 31, 2008



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Instructions and Policies

Application Instructions

ASAM physician members who wish to apply to become an ASAM Fellow (FASAM) must complete and sign (and file with the ASAM office) the Fellow application, the application fee and required supporting documentation. Incomplete applications cannot be accepted for review by the Fellow Subcommittee and may be returned to the candidate. Copies of the application can also be printed from the ASAM website at www.asam.org.

Deadlines and Fees

November 2007:	Applications mailed to eligible members
November - January 31, 2008:	Application filing period
January 31, 2008:	Application deadline
February 2008	Review of applications
February 29, 2008:	Applications approved by Fellowship committee
March 2008:	Board vote
March 2008:	Notification sent to applicants
April 2008:	Announce recipients in ASAM News
April 2008 (Med-Sci):	Presentations

Applications for which all parts are not postmarked by **January 31, 2008** will not be accepted for consideration and will be returned to the candidate unprocessed. Payment (\$250 U.S. Funds), application, and supporting documentation must be submitted together.

Refund and Withdrawal Policy

There will be a \$150 fee to process withdrawal requests submitted prior to **January 31, 2008**. Applicants who withdraw from the application process after **January 31, 2008** will not be granted a refund.

Review Process

Members of the Fellowship Committee will evaluate all applications. Applications are first reviewed to determine whether they satisfy the minimum requirements. If one reviewer does not accept the application, another member of the subcommittee conducts a second review. If there is a difference of opinion, the application is reviewed by the subcommittee chair and, if necessary, the entire subcommittee.

Appeals and Reapplication

Since applicants who are not accepted can reapply, the appeals process is one of reapplication. Applicants who are not accepted as Fellows will receive a letter indicating the areas of weakness within the application. The letter will constitute the only feedback regarding the application.

Individual Fellowship Committee members, as well as the ASAM staff, are not permitted to comment regarding the status of non-accepted applications. Applicants who are not accepted are encouraged to use the feedback provided in the letter to reapply at a later time. Applicants not accepted can reapply, at no additional fee, by submitting a new application form and necessary documentation up to three times (withdrawal from the application process after **January 31, 2008**, will count as one of the three opportunities to apply). There is no guarantee that an applicant will be accepted on subsequent reapplication.

Criteria to Apply

An applicant must meet (at a minimum) each of the following criteria in order to qualify to apply for Fellow status:

- Member of ASAM for at least 5 consecutive years.
- Certified by ASAM (Recertification is a plus).
- Significant service to ASAM
- Significant contributions to the field of Addiction Medicine, Community, or Political/Legislative Involvement

Applications will be reviewed to determine if the applicant qualifies to apply. Submission of an application does not guarantee an applicant will receive ASAM's Fellow designation.

2007-2008 Fellow Application Form



List all relevant activities, and wherever possible, include (and label) supporting documentation. *Supporting documentation MAY INCLUDE but IS NOT LIMITED TO a typed curriculum vitae.* Each section of the application allows for a variety of possible documentation, thereby permitting the type of supporting documentation which best represents involvement. PLEASE TYPE OR PRINT ENTIRE FORM CLEARLY.

Examples of supporting documentation:

- Copies of announcements
- Copies of commendations
- Certificates attesting to involvement
- Copy of award / plaque attesting to involvement
- Letter from a member / official of an organization attesting to involvement
- Copies of minutes, agendas, or other business related materials from involvement

GENERAL INFORMATION

Name of Applicant _____
Last Name First Middle

Degrees (M.D. or D.O.) _____

ASAM identification number: _____ Date of Birth ____-____-____

Address (to be used for ALL mailings related to certification) _____

Position/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Home Phone (____) _____

Primary Specialty Code _____ Certified? Yes No

Second Specialty Code _____ Certified? Yes No

(Note: Specialty code would be IM for Internal Medicine, P for Psychiatry, etc.)

Check all that apply:

- Member of ASAM for at least 5 consecutive years.
- Certified by ASAM in _____ (Year)
- Recertified by ASAM in _____ (Year)

ASAM Related Activities

APPLICANT _____



Significant service to ASAM in *at least* 2 of the following ways:

1. SERVED ON THE ASAM BOARD OF DIRECTORS.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

2. SERVED AS CHAIR OR MEMBER OF AN ASAM COMMITTEE, TASK FORCE, OR WORK GROUP.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

3. SERVED AS AN ASAM DELEGATE OR ALTERNATE TO THE AMA.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

4. SERVED AS AN OFFICER OF A STATE SOCIETY OR CHAPTER OF ASAM.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

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5. SERVED AS A SPEAKER, CHAIR, OR BEEN INVOLVED IN THE PLANNING OF AN ASAM CONFERENCE.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement - (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

6. PUBLISHED IN AN ASAM PUBLICATION OR SERVED ON AN ASAM EDITORIAL BOARD.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement - (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

7. SIGNIFICANT CONTRIBUTIONS AT THE STATE OR CHAPTER LEVEL OF ASAM OR OTHER STATE SPECIALTY MEDICAL SOCIETY OR ORGANIZATION.

Position/Title: _____

Explain Relevant Activities: _____

Dates of Involvement - (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

Non-ASAM Related Activities

APPLICANT _____



Significant contributions in *at least 3* of the areas below:

1. PARTICIPATION IN OTHER MEDICAL AND PROFESSIONAL ORGANIZATIONS SUCH AS:

- Active participation as an officer, committee member, or representative in medical societies or organizations such as the AMA, AOA, ASIM, APA, RSA, etc., or state and local medical societies.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

2. PARTICIPATION IN NON-COMPENSATED ACTIVITIES OF SOCIAL SIGNIFICANCE SUCH AS:

- Volunteer at community health agencies, member of Board of Directors for health care agency, work for JCAHO, County AIDS Task Force, local schools, Planned Parenthood, Boy/Girl Scouts, etc.
- Political/legislative involvement, grass roots or other lobbying, holding elected or appointed public office, serving as a committee member in the political process to further the goals of addiction medicine or ASAM, and/or testifying before local, state, or federal legislative bodies to further the goals of Addiction Medicine or ASAM, or other related activities.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

3. CLINICAL CONTRIBUTIONS SUCH AS:

- Development of a unique model for addictions treatment and/or significant advancement of the knowledge base of Addiction Medicine.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

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4. ADMINISTRATIVE APPOINTMENTS (3 YEARS MINIMUM) SUCH AS:

- Medical school staff, hospital administrator, member of hospital committee, administrator of addiction treatment program, Board of Trustees appointment(s) to Boards of addiction treatment programs.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

5. TEACHING CONTRIBUTIONS (5 YEARS MINIMUM) SUCH AS:

- Appointment to a medical school faculty(ies) in substance abuse, volunteer teaching of alcoholism and drug abuse information to patients in publicly funded treatment or education program, or presentations of formal lectures in the substance abuse field to physicians and/or health care providers in the addiction field, on a consistent basis.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

6. PUBLISHED WRITINGS SUCH AS:

- Peer reviewed journals and/or books, or chapters of books, written for the education of professionals; a strong emphasis will be placed on addiction related topics and on clinical or basic research.

Your Role: _____

Explain Relevant Activities: _____

Dates of Involvement – (MM/DD/YY) From: ____/____/____ To: ____/____/____

Documentation Enclosed.

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Payment Information

APPLICANT _____



METHOD OF PAYMENT

- First Time Applicant (Fee \$250) or Reapplication (no fee due)
- Check enclosed # _____ Charge my VISA/MC Number _____
- Expiration Date: _____
- Card Holder Signature: _____

REVIEW PROCESS AND SCHEDULE

ASAM's Fellow Committee will review all applications which are complete by the deadline set by the Committee. All applications will be notified March 30, 2008.

STATEMENT OF APPLICANT

To the best of my knowledge, all of the information provided is true, and all items in this application are complete. I understand that the Fellow Subcommittee will not review incomplete applications. I understand and accept that anyone may request information from the ASAM office about the membership status of any member, including whether or not that physician is an ASAM Fellow.

Signature: _____ Date: ____/____/____



Send completed application and required information:

American Society of Addiction Medicine
ASAM Certification Department
4601 North Park Avenue, Upper Arcade, Suite 101
Chevy Chase, MD 20815-4520



ASAM Certification Department
4601 N. Park Avenue, Upper Arcade #101
Chevy Chase, MD 20815-4520
Phone: 301/656-3920 • Fax: 301/656-3815
E-mail: email@asam.org
Website: www.asam.org

Non Profit Org.
US Postage
PAID
Permit #1112
Merrifield, VA

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