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2010 ASAM FELLOW APPLICATION

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Application Deadline: February 15, 2010



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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

December 2009:	Applications mailed to eligible members
December - February 15, 2010:	Application filing period
February 15, 2010:	Application deadline
February 2010:	Review of applications
February 28, 2010:	Applications approved by Fellowship committee
March 2010:	Board vote
March 2010:	Notification sent to applicants
April 2010:	Announce recipients in ASAM News
April 2010 (Med-Sci):	Presentations

Applications for which all parts are not postmarked by **February 15, 2010** 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 **February 15, 2010**. Applicants who withdraw from the application process after **February 15, 2010** 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 Re-Application

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 **February 15, 2010**, 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 or by ABAM (Re-Certification 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.

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.

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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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