



## NASSAU ACADEMY OF MEDICINE PROGRAM APPLICATION

This application asks for your CV and two fellowship endorsement forms. If you do not have at the time of your application, please send to [stavroula@nassaucountymedicalsociety.org](mailto:stavroula@nassaucountymedicalsociety.org) to help complete your application. The fellowship endorsement forms must be filled out by a NAM leader and can be found on the NAM Fellowship web page.

### NAME

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FIRST NAME                      LAST NAME

### PHONE NUMBER

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HOME NUMBER

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CELL NUMBER

### E-MAIL

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### MAILING ADDRESS

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### INSTITUTION

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## **FELLOWSHIP INTEREST QUESTIONS**

Please list your local and national leadership positions and indicate years served. Please list these individually, rather than refer to your CV.

Please list academic teaching positions (indicate number of years). Please list these individually, rather than refer to your CV.

Please list mentoring activities (indicate number of years). Please list these individually, rather than refer to your CV.

Please list all publications. Please list these individually, rather than refer to your CV.



Are you a current NAM member?

☐ YES

☐ NO

How many years have you been an NAM member?

Please list leadership positions you have served in NAM (indicate years). Please list these individually, rather than refer to your CV.

Please list additional post- graduate training beyond internship and residency. Please list these individually, rather than refer to your CV.

Have you been active in policy and advocacy work? (If yes, please describe)

Have you been active in public service? (If yes, please describe)



Have you ever been convicted of a felony or misdemeanor?

☐ YES

☐ NO

Have you ever had your medical license revoked or suspended?

☐ YES

☐ NO

Have you ever faced disciplinary action from your State Medical Board?

☐ YES

☐ NO

Are you board certified?

☐ YES

☐ NO

☐ N/A

If you selected N/A, please state reason below.

If you are currently retired, were you board certified while in practice?



Have you had at least 5 years of clinical practice or professional experience post residency/ training?

☐ YES

☐ NO

If yes, please describe.

To the best of my knowledge, all information furnished by me in this application and in the supporting documentation is true and complete. I further understand that my election to Fellowship may be publicized in national/local or international press. I affirm all professional licenses granted to me are in good standing, and that I have not been the subject of disciplinary action/. I understand that, in order to evaluate my application, AM may review my credentials. I agree to cooperate in such review and allow others to provide information regarding credentials. I affirm that I will support NAM's mission and vision and continue to uphold the highest standards of excellence as exemplified by the standards and traditions of the Nassau Academy of Medicine. I also, understand that if elected for fellowship status with NAM, I can retain the use of credentials "FNAM"(Fellowship of the Nassau Academy of Medicine) as long as I remain a member in good standing with NAM.

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SIGNATURE (ELECTRONIC IS ACCEPTED)