

AAOA Fellow Exam Application

DEADLINE: APRIL 1

Full Name _____

Address _____

City _____

State _____

Zip _____

Daytime Phone Number _____

E-mail Address _____

Year joined AAOA _____

Year certified by the American Board of Otolaryngology _____

Please list the AAOA Courses/Meetings for which you have documented CME credits.

You must have 1 complete Basic Course, 1 complete Advanced Course, 1 complete Annual Meeting and Additional CME Program (1 AAOA-sponsored required) within the 5 years prior to the exam date

REQUIRED COURSES	YEAR/LOCATION
Full Basic Course	
Full Advanced Course	
Full Annual Meeting	

Copy of AAOA transcript confirming each course or meeting must be attached to this form.

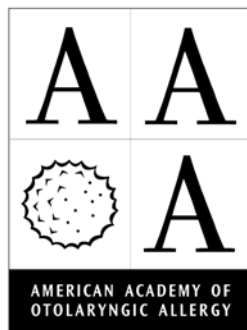
I hereby certify that the information presented on this application is true, correct and complete and that I am the primary allergy treatment provider for at least 10 patients for at least 6 months. I understand that if any information I have submitted on or within this application is untrue, incorrect or incomplete, I may be subject to discipline by the AAOA, which may include being expelled from the organization.

Candidate's Signature _____

I hereby confirm the above attestation that the candidate has treated with immunotherapy the ten patients as described above.

Signature _____

Relationship to the Candidate _____



Please return this form to the AAOA with:

- ☐ Copies of CME transcripts for courses and meetings attended
- ☐ A copy of your ABOto certificate
- ☐ A check for \$950 (\$1,350 if postmarked after April 1)

All paperwork can be mailed to:

AAOA, Inc.
Attn: Fellow Exam
11130 Sunrise Valley Road
Suite #100
Reston, Virginia 20191

Deadline for submission is *APRIL 1*. Incomplete applications and those post-marked after April 15 will not be accepted. The application fee is non-refundable and non-transferable.

Contact **kchenal@aaoallergy.org** with any questions