

The New York Academy of Medicine



Nomination Form for Fellowship

If you wish to become a Fellow of The New York Academy of Medicine, please complete this form and return with a current *curriculum vitae* to: Chairman, Committee on Admission, The New York Academy of Medicine, 1216 Fifth Avenue, Room 605, New York, New York 10029-5293.

Please type or print clearly.

1. Name _____
last first middle

2. Date of birth _____

3. Current title and affiliation _____

4. Office address _____

5. Home address _____

6. Telephone (office) _____ Telephone (home) _____

7. E-mail address _____

8. State and year of present licensure _____ License number _____

9. Specialty(s) _____ Subspecialty(s) _____

10. Board certification yes no

11. Principal activities (indicate percentage of time)

Teaching _____ Research _____ Administration _____

Clinical Practice _____ Public health _____ Health policy _____

Retired _____ Other (please specify) _____

12. How do you foresee your interface with Academy activities and programs? _____

13. Have you ever been denied membership by a professional society? yes no (if yes, provide details in an attachment)

Have you ever been the subject of any civil or criminal litigation or administrative proceedings related to your professional or nonprofessional activities? yes no (if yes, provide details in an attachment)

Have you ever been convicted of a crime? yes no (if yes, provide details in an attachment)



14. Proposers/Seconders (Each must submit a letter of recommendation)

Name of proposer _____

Address _____

Telephone _____

Name of seconder _____

Address _____

Telephone _____

Name of seconder _____

Address _____

Telephone _____

The undersigned has read and agrees to subscribe to the By-Laws of The New York Academy of Medicine.

15. Date _____

16. Signature _____

If you have any questions or need further information, please contact the Office of the President at The New York Academy of Medicine, (212) 822-7220.