



# The New York Academy of Medicine

## Fellowship Fellowship Nomination Form

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 Admissions, The New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029. If you have questions or need information, please contact the Office of Trustee and Fellowship Affairs at NYAM, (212) 419-3644 or visit [www.nyam.org](http://www.nyam.org).

1. Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Title & Affiliation \_\_\_\_\_

4. Office Address \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

5. Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

6. E-mail \_\_\_\_\_

7. License # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

8. Specialty \_\_\_\_\_

\_\_\_\_\_

9. Subspecialty \_\_\_\_\_

\_\_\_\_\_

10. Board Certification  Yes  No

11. Principal Activities *(indicate percentage of time)*

Teaching \_\_\_\_\_ Clinical Practice \_\_\_\_\_ Administration \_\_\_\_\_ Research \_\_\_\_\_

Retired \_\_\_\_\_ Health Policy \_\_\_\_\_ Public Health \_\_\_\_\_ Other \_\_\_\_\_

12. How do you foresee your interface with NYAM activities and program? \_\_\_\_\_

\_\_\_\_\_

13. Have you ever been denied membership by a professional society?  Yes  No *(if yes, please attach details)*

14. Have you ever been convicted of a crime?  Yes  No *(if yes, please attach details)*

15. Have you ever been subject of civil or criminal litigation or administrative proceedings related to your professional or nonprofessional activities?

Yes  No *(if yes, please attach details)*



16. Proposers/Seconders (each must submit a letter of recommendation)

Name of Proposer

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Address

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Phone

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E-mail

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Name of Seconder

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Address

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Phone

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E-mail

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Name of Seconder

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Address

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Phone

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E-mail

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By submitting this application, I certify that the information contained herein is true and correct to the best of my knowledge, and accept and agree that any information found to be false may be grounds for denial of Fellowship. I, the undersigned, have read and agree to subscribe to the By-Laws of The New York Academy of Medicine.

Signature

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Date