**2020 Fellow Application**

This form should be as complete as possible upon submission. If applicant has no information to provide in a specific section, please fill in ‘none.’ Incomplete applications will be returned with no action taken. **Complete applications and accompanying materials are due on April 1, 2020.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I: PREREQUISITES**

Year joined AAAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Positions held with AAAM:**

Title Year

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**Attendance at AAAM Conferences and courses:**

Title Year

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**Scientific Papers presented at AAAM:**

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**Have you ever been subject to disciplinary action or sanction by a professional body?**

Yes

No

If yes, what body? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please outline the circumstances and the action or sanction. Please provide signed authorization for the Fellow Review Committee to inquire to the College, Board, or Association to gain corroborating information.

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION II: CRITERIA**

Academic Credentials State each degree and when conferred, name and location of academic institution.

Baccalaureate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postgraduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postdoctoral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Academic Recognition & Honorary Degrees**

Specify award, when received, and institution or organization that conferred it.

Award Year Received Institution/Organization

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**Licensure**

Name of Licensing Body Date of Licensure Specialty

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**Certification**

Name of Certifying Body Date of Certification Specialty

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**Academic Appointments**

Title/Appointment Institution Year

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**Area(s) of Research/Ongoing Activity/Works in Progress**

Subject Project Description

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**Scientific Papers Published in peer reviewed journals (or attach complete bibliography)**

Complete References

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**Scientific Papers Presented at Conferences other than AAAM (or attach complete list)**

Subject Date

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**Positions in Other Organizations**

Position Organization Year

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**Other Significant Professional Accomplishments** in the Field of Traffic Crash Injury Prevention or Control, or Impact Biomechanics

Subject Specific Activity

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**Other Awards**

Conferred By Date Received Purpose of Award

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**Other Relevant Information** Not Requested Elsewhere (attach additional pages as needed)

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A self-nominated candidate for Fellow status is required to submit five (5) letters of recommendation from current AAAM members in good standing for at least five (5) years who know the candidate and can attest to his or her qualifications.

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**Date Submitted Signature**

**Submit applications and materials to the Fellow Review Committee by April 1, 2020.**