



**American Academy of Family Physicians
ALSO® Advisory Faculty Application Form**

The ALSO® Advisory Board established the following criteria for individuals applying for Advisory Faculty status:

- 1) Must have served as a Course Director for an ALSO® Provider Course, and
- 2) Must be an ALSO® Approved Instructor

Please type in the grey fields and click the “Tab” key to advance. E-mail the completed application and required supporting documents to pmadden@aafp.org.

Name: _____ MD DO Other:
First Last

Address: _____
City State Zip

Phone #: _____ FAX #: _____ E-mail (Required): _____

1. Have you successfully completed an ALSO® Provider Course? Yes No

Date: Location:

2. Have you attended an ALSO® Instructor Course? Yes No

Date: Location:

3. Have you served as a Course Director for an ALSO® Provider Course? Yes No

Date: Location:
Date: Location:

4. Have you participated as faculty in an ALSO® Course? Yes No

Date: Location:
Date: Location:

5. Have you had special involvement in the development of ALSO®? Yes No
If yes, please describe your involvement below:

Complete this form and submit along with the following supporting documents:

- 1) A letter of interest outlining your experience and expertise with ALSO®
- 2) A copy of your Curriculum Vitae (CV)
- 3) A completed recommendation form or letter of reference from an ALSO® Advisory Faculty

Thank you for your continued interest and involvement in ALSO®.



Paula Madden, ALSO® Senior Program Coordinator
pmadden@aafp.org (800) 274-2237 or (913) 906-6000, ext. 6556



**American Academy of Family Physicians
Advanced Life Support in Obstetrics (ALSO®)
ALSO® Advisory Faculty Recommendation Form**

I am applying for Advisory Faculty status within the American Academy of Family Physician's Advanced Life Support in Obstetrics (ALSO®) Program. I have enclosed a copy of my completed application and Curriculum Vitae (CV) for your review. I respectfully request your recommendation on my behalf. Please **e-mail** the completed recommendation form, application and CV to pmadden@aafp.org within 20 business days. Thank you in advance for your recommendation.

Please type in grey fields and click the "Tab" key to advance

Applicant Name and Degree:

1. How long have you known the applicant?

2. What do you consider to be the applicant's strengths as faculty for ALSO®?

3. What do you consider to be the applicant's weaknesses as faculty for ALSO®?

4. What do you consider to be the applicant's most outstanding accomplishments?

5. Please rate the applicant's commitment to the ALSO® Program:
 Strong Moderate Weak

Please explain the rationale for your rating above.

6. Please select one of the following choices:
 Strongly Recommend Recommend Recommend with Reservations
 I do not recommend this applicant for the ALSO® Advisory Faculty status.

First, Last Name and Degree

Date

Address, City, State, Zip

Current Position

Phone

Email