



**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 [nfickel@aafp.org](mailto:nfickel@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.

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\_\_\_\_\_  
First, Last Name and Degree

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Current Position

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Phone

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Email