



# DEGREE OF FELLOW

The Degree of Fellow was established in 1971 by the Congress of Delegates as a way to recognize AAFP members who have distinguished themselves among their colleagues, and in their communities, by their service to family medicine, the advancement of health care to the American people and professional development through medical education and research. Fellows of the AAFP are recognized as Champions of Family Medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession.

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Name \_\_\_\_\_ Member ID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email Address \_\_\_\_\_

**You are eligible for this honor if you are an Active, Life or Inactive member of the AAFP and have been an active AAFP member for at least six years or have held a combination of Resident and Active membership for at least six years. The AAFP has worked diligently to provide a number of opportunities for you to earn the required points.**

## INSTRUCTIONS

1. To be awarded the Degree of Fellow, you must earn 100 points as defined by this application (out of the 532 points available).
2. Please note, you do **NOT** need to complete every section to obtain 100 points.
3. Complete all items that apply.
4. List each year separately where requested.
5. If you need assistance, please contact the Fellowship Coordinator at 1-800-274-2237, ext. 6821.
6. Please mail completed application and fee to:  
**American Academy of Family Physicians**  
**Attention: Heather Ynda, Fellowship Coordinator**  
**11400 Tomahawk Creek Parkway, Leawood, KS, 66211-2672.**

## Section 1 Lifelong Learning

1. Indicate initial ABFM, AOBFP, or CFPC board certification date:

ABFM \_\_\_\_\_ AOBFP \_\_\_\_\_ CFPC \_\_\_\_\_

(15 points for initial certification, maximum 15 points)





2. Indicate ABFM, AOBFP, or CFPC board re-certifications and dates (month/year):

ABFM \_\_\_\_\_ AOBFP \_\_\_\_\_ CFPC \_\_\_\_\_

(5 points per re-certification, maximum 15 points)

3. List certificate of Added Qualifications recognized by the ABFM, AOBFP or CFPC such as Sports Medicine, Adolescent Medicine, or Geriatrics:

Subject \_\_\_\_\_ Date \_\_\_\_\_

(5 points per certificate, maximum 5 points)

4. List any additional degrees and any completed post-residency training fellowships attained since the beginning of your residency:

Degree Institution Date

MBA \_\_\_\_\_

MPH \_\_\_\_\_

PhD \_\_\_\_\_

JD \_\_\_\_\_

DDS \_\_\_\_\_

Fellowship \_\_\_\_\_

Other

(5 points per additional degree, maximum 10 points)

5. List CME meetings sponsored by AAFP or AAFP constituent (state) or local chapters you have attended (e.g., ALSO course, AAFP Scientific Assembly, Iowa Assembly, Iowa AFP, Des Moines, 10/02):

Meeting Sponsor City/State Month/Year

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1 point per meeting, maximum 5 points)

6. List the AAFP or AAFP constituent (state) or local chapter sponsored CME activities (other than meetings) in which you have participated, such as video CME, AAFP Home Study: A Self-Assessment Program:

Activity Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(1 point per activity per year, maximum of 5 points)



7. List current certifications from a national certification program, such as ALSO, ATLS, PALS, or ACLS:

Certification Date

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(5 points per certification, maximum of 10 points)

## Section II Practice/Quality Improvement

8. List the years of family medicine practiced in an underserved area or health professional shortage area (e.g., Indian Health Service, public health service, rural or inner city clinic), or in the military reserves:

Organization City/State Year

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(2 point per year of care, maximum 10 points)

9. List the occasions you have been deployed for the US military:

Location Year

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(5 points per deployment, maximum 15 points)

10. List services provided outside your regular office practice (e.g. hospital, nursing home, home and prison visits, Healthy Start, Children's Medical Services etc.):

Service Location Year

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(1 point per 10 patient contacts per year - maximum 5 pts)

11. Detail if you are currently providing obstetrical care or special procedures (e.g., endoscopy, colonoscopy, sigmoidoscopy) in your practice. Please describe and list such care you have provided during the past five years:

Describe List Years

(1 point per year, maximum 5 points)



12. List performance improvement activities in your residency program and/or practice during the last five years, (e.g. team care, process and work flow improvements, measuring and analyzing clinical data, starting to keep a registry, addition of Electronic Health Records (EHR) system, open access scheduling, Measuring, Evaluating, and Translating Research Into Care (METRIC), completion of Part IV of the ABFM MOC, National Committee for Quality Assurance (NCQA), etc.):

Activity Years

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(2 points per initiative year, maximum 10 points)

13. List service as medical chief of staff or chair of a hospital department:

Hospital City/State Year

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(2 points per year of service, maximum 10 points)

14. List service on or as chair of a hospital or health care system (s) board of trustees or committee, or hospital, HMO or insurance committee:

Hospital City/State Year

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(1 point per year of service, maximum 5 points)

15. List information pertaining to leadership positions in your practice such as managing partner, EHR champion, etc.:

Position Year

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(1 point for each activity, maximum 5 points)



16. List your participation as a family medicine practice with TransforMED (as a part of The National Demonstration Project or as an engaged practice) or participation in progress toward the Patient-Centered Medical Home model (i.e. participation in the NCQA PPC(R) – PCMH (TM) Recognition Process).

Location Month/Year

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(5 points per year, maximum 10 points)

**Section III Volunteer Teaching**

17. List participation as a lecturer at a national AAFP meeting, (e.g. National Conference, Scientific Assembly):

Meeting Lecture Title Location Month/Year

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(3 points per lecture, maximum 6 points)

18. List participation as a lecturer at an AAFP constituent (state) chapter meeting:

Meeting Lecture Title Location Month/Year

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(2 points per lecture, maximum 4 points)

19. List participation as a lecturer at a national or regional meeting of a family medicine organization such as RAP, STFM, AFMRD, ADFM, or NAPCRG:

Meeting Lecture Title Location Month/Year

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(2 points per lecture, maximum 4 points)

20. Describe any service as an active volunteer faculty member at a family medicine residency program :

Title Institution Location Year Served

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(5 points per year served, maximum 20 points)



21. List participation for teaching Measuring, Evaluating, and Translating Research Into Care (METRIC) into your residency program:

Module Residency Program Year

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(1 point per module per year, maximum 5 points)

22. List any service as a volunteer preceptor (4 weeks) with medical students and/or residents in your practice (please indicate student or resident, one person per line):

Student/Resident Medical School Date

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(10 points per clerkship/rotation, maximum 40 points)

23. Describe any volunteer mentoring (e.g. shadowing visits to your office, tele-mentoring, sponsoring students, or mentoring at Family Medicine Interest Group meetings) of students (secondary, pre-med, medical, allied health) and/or residents:

Description of Activity Year

(1 point per activity, maximum 10 points)

24. Detail occasions you have lectured, on a volunteer basis, to students and/or residents (can include allied health students):

Topic Organization Location Month/Year # of hours

(1 point per lecture hour, maximum 10 points)



25. List occasions you have volunteered to serve as chair of a constituent (state) chapter student interest committee or advisor for a family medicine club/FMIG:

Position Organization Year

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(1 point per activity, maximum 5 points)

26. List occasions you have served as an instructor for a national certification program such as ALSO, ATLS, PALS, or ACLS:

Position Organization Year

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(5 points per program per year, maximum 10 points)

#### **Section IV Public Service**

27. List participation in charitable medical services or humanitarian medical missions outside your regular practice (e.g., humanitarian medical missions as a military physician, free clinic, health care to homeless, etc.):

Facility Activity City/State Month/Year # of 8-hr sessions

(1 point per each 8-hour session, maximum 10 points)

28. List occasions when you have participated in charitable medical services within your regular practice (including offering medical care to the homeless or underserved on a complimentary basis or a sliding fee scale):

Describe General Nature of Services

(1 point per each 30 patient contacts you have had per year, maximum 10 points)



29. List any government/community (national, state, or local) services you have performed in an elected or appointed office (excluding full-time government work). Examples would be: county health officer, medical advisory board, QIO board, peer review, legislative task force, city council, school boards, mayor, etc.:

Position Organization City/State Month/Year

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(3 points per year of service, maximum 12 points)

30. Describe if you have performed public relations activities that explain the specialty of family medicine to the public, such as lectures to civic groups or public service announcements, radio or TV appearances, etc.:

Activity, Group, Location, Month/Year

(1 point per activity per year, maximum 10 points)

31. List any patient education activities you performed outside of your practice, such as Tar Wars® Ready, Set, FIT!, health fairs, cancer screenings, writings for lay publications, school health lectures, media activities, etc.:

Activity Group/Publication Year

(1 point per activity per year, maximum 10 points)

32. List any awards or special recognition from a community not-for-profit organization you have received (scouts, service clubs, religious organization):

Award Group Month/Year

(1 point per activity per year, maximum 10 points)

33. List any leadership positions you have held in a community not-for-profit organization (scouts, service clubs, religious organization) (not team physician, see question 34):

Group Month/Year

(1 point per activity per year, maximum 10 points)

34. List volunteer medical services you have performed (team physician, school clinics, STD clinic, emergency response, medical liaison/consultant, etc.):  
Activity City/State Year

(1 point per activity per year, maximum 10 points)

### Section V Publishing and Research

35. List non-published research presented at an AAFP-sponsored function including AAFP constituent (state) chapter, North American Primary Care Research Group (NAPCRG), and Society of Teachers of Family Medicine (STFM) functions (research and presentation must pertain to family medicine):  
Topic Function Month/Year

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(5 points per topic, maximum 10 points)

36. List research grants received as principal investigator(s):  
Title Granting Agency Month/Year

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(5 points per grant, maximum 10 points)

37. List authored or co-authored research you have published in a refereed peer-reviewed journal such as *American Family Physician*, or *Family Practice Management* (including on-line only publications):  
Article Title Name of Journal Month/Year Published

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(5 points per article, maximum 10 points)



38. List clinical review articles you have published in a refereed peer-reviewed journal (such as *American Family Physician*, *New England Journal of Medicine*, *JAMA*, *British Medical Journal*, or *Annals of Family Medicine Management*, etc. including on-line only publications):  
Article Title Name of Journal Month/Year Published

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(2 points per article, maximum 10 points)

39. List if you have served as an editor or on an editorial board for a refereed medical publication or reviewer for any journal:  
Publication Start/End Date

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(1 point per publication, maximum 4 points)

40. List articles you have published (clinical or non-clinical) in non-refereed\* & medical publications, including on-line only publications:  
Article Title Name of Journal Month/Year Published

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\* ***Non-refereed means scientific manuscripts have not undergone peer review***

(1 point per article, maximum 4 points)

41. List if you have served as an editor or on an editorial board for a non-refereed medical publication or reviewer for any journal, or AAFP patient education handouts or monographs:

Publication Start/End Date

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(1 point per publication, maximum 4 points)



42. List medical books, medical videos, AAFP monographs or other medical media you have authored or co-authored:

Title Month/Year

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(10 points per activity, maximum 20 points)

43. List chapters of medical books or other medical media (including medical Web sites) you have authored or co-authored:

Title or URL Month/Year

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(2 points per activity, maximum 4 points)

44. List any services as an editor for AAFP constituent (state) or local chapter publications, including electronic or print:

Publication Year Served

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(1 point per year served, maximum 4 points)

45. List practice based research participation since residency completion (e.g. serving with the National Research Network or state/regional research network) as part of a medical study or trial within your practice:

Study/Trial Location Month/Year

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(5 points per year, maximum 10 points)



46. List participation with other research as part of a group, company, residency program or project (e.g. American Heart Association, community project, etc):

Study/Trial Location Month/Year

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(1 point per grant, maximum 5 points)

### Section VI Service to the Specialty

47. List legislative services you have performed in a legislative Key Contact Program of a medical organization such as AAFP or its constituent (state) chapters, state medical society, etc., or if you are a FamMedPAC board member:

Activity Year

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(1 point per year, maximum 3 points)

48. Presented, or were in attendance and prepared to present, legislative testimony on medically related issues at any level of the government, (e.g. federal or state):

Topic Area Legislative Body Month/Year

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(1 point per testimony, maximum 3 points)

49. List service in Doctor-of-the-Day Program at your state legislature:

State Date/Year

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(1 point per day, maximum 3 points)



50. List if you have served as a committee chair, officer, or delegate/alternate in another medical organization such as STFM, AMA, AOA, state or county medical society, etc.:

Position Organization Year

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(1 point per each year of service, maximum 4 points)

51. List if you have served as AAFP constituent (state) chapter president:

State Year

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(4 points per year held, maximum 8 points)

52. List if you have served as AAFP constituent (state) chapter officer (such as president-elect, vice president, treasurer, secretary):

Office Year

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(3 points per year in office, maximum 6 points)

53. List if you have served as AAFP constituent (state) chapter board of directors' member/chair of a chapter committee/commission:

Committee/Commission Year

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(2 points per year in office, maximum 4 points)

54. List if you have served as AAFP constituent (state) chapter member, other than chair, of chapter committee/commission:

Committee/Commission Year

(1 point per year in office, maximum 6 points)



55. List service as a constituent (state) chapter foundation or state political action committee board member or leader:

Leadership position/Year

(1 point per year in office, maximum 6 points)

56. List if you were a recipient of a local, state or national family medicine award given by an organization within family medicine such as AAFP (state) chapters, STFM, AFMRD, etc.:

Organization Award Year

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(4 points per award, maximum 8 points)

57. List any participation in Academy (national or chapter) non-clinical education activities, such as National Conference of Special Constituencies (NCSC), Annual Leadership Forum (ALF), self-study leadership course, etc.:

Activity Year

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(1 point per activity, maximum 5 points)

58. List any of the following positions held in the National AAFP:

AAFP Board of Directors member

Position Year

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(4 points per year in office, maximum 12 points)

59. List service as AAFP delegate/alternate delegate/Fam Med PAC board member/Foundation board:

Position Year

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(2 points per year in office, maximum 10 points)



60. List service as chair of AAFP commission/committee/sub-committee/task force/chair of National Conference/convener of NCSC:

Committee/Commission Year

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(5 points per year in office, maximum 10 points)

61. List service as a member, other than chair, of AAFP/commission/committee/sub-committee/task force:

Committee/Commission Year

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(2 points per year in office, maximum 8 points)

62. List participation at the State Legislative Conference, Family Medicine Congressional Conference, or AAFP Speak Out Legislation Action Program:

Activity/Year:

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(1 point per meeting, maximum 5 points)

**TOTAL POINT COUNT FOR:**

Section I.

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Section II.

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Section III.

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Section IV.

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Section V.

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Section VI.

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**TOTAL POINT COUNT AAFP DEGREE OF FELLOW**

(maximum — 532 points, minimum of 100 points needed to be confirmed as a fellow)

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**Fellowship Fees**

Fees for the Degree of Fellowship are \$175 and may be paid by check, VISA or MasterCard. If paying by credit card, please provide us with the following information:

Visa  MasterCard  American Express  Discover  Check

Check Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Convocation Attendance** (please submit application by August 1st of the year you would like to attend)

Indicate which convocation ceremony you will attend during the AAFP Scientific Assembly:

Orlando, Florida.....September 14 – 17, 2011 .....

Philadelphia, Pennsylvania .....October 17 – 20, 2012 .....

San Diego, California.....September 25 – October 28, 2010 .....

**Chapter Convocation Attendance** - Some chapters also present the degree during their annual meeting. Please check with your chapter before choosing this option.

Indicate which chapter and the date **at which** you will be conferred:

Chapter Name

Convocation Date

## **CERTIFICATION**

I certify that the information I gave in this application accurately represents my professional status and experience. Further, I recognize that any information on this application that is falsified may lead to the revocation of this Fellowship Degree.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Disclosure statement approved by AAFP legal counsel will be inserted on final approved application.)