



# 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.

---

---

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. Examples are listed but they are not inclusive.**

## INSTRUCTIONS

1. To be awarded the Degree of Fellow, you must earn 100 points as defined by this application (out of the 543 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 Member Resource Center (MRC) at 1-800-274-2237.

## Section 1 Lifelong Learning

1. Indicate initial American Board of Family Medicine (ABFM); American Osteopathic Board of Family Physicians (AOBFP); or College of Family Physicians of Canada (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:

1st re-certification \_\_\_\_\_ 2nd re-certification \_\_\_\_\_ 3rd re-certification \_\_\_\_\_  
(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. Indicate Certificate of Added Qualifications recognized by the ABFM, AOBFP, or CFPC such as Sports Medicine, Adolescent Medicine, or Geriatrics re-certifications and dates:  
1st re-certification \_\_\_\_\_ 2nd re-certification \_\_\_\_\_ 3rd re-certification \_\_\_\_\_  
(2 points per re-certificate, maximum 6 points)
5. List any additional degrees and any completed post-residency training fellowships attained since the beginning of your residency (e.g., MBA; MPH; PhD; JD; DDS; Fellowship; other):  
Degree/Institution/Date  
\_\_\_\_\_  
\_\_\_\_\_  
(5 points per additional degree, maximum 10 points)
6. List CME meetings sponsored by AAFP or AAFP chapters or local chapters you have attended:  
Meeting/Sponsor/City/State/Month/Years  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(1 point per meeting, maximum 5 points)
7. List the AAFP or AAFP chapter or local chapter sponsored CME activities (other than meetings) in which you have participated, such as online CME; AAFP Self-Study CME, such as clinical packages; procedural packages; or videos:  
Activity/Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(1 point per activity per year, maximum of 5 points)
8. List current certifications from a national certification program, such as Advanced Life Support in Obstetrics (ALSO); Advanced Trauma Life Support (ATLS); Comprehensive Advanced Life Support (CALS); Pediatric Advanced Life Support (PALS); or Advanced Cardiovascular Life Support (ACLS):  
Certification/Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(2 points per 4 hours of training, maximum of 10 points)

Section II Practice/Quality Improvement

1. 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; Federally Qualified Health Center (FQHC); or in the military reserves):

Organization/City/State/Year

---

---

---

---

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

2. 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

---

---

---

---

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

3. 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)

4. 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 American Board of Family Medicine (ABFM) Maintenance of Certification (MOC); National Committee for Quality Assurance (NCQA); etc.):

Activity/Years

---

---

---

---

(2 points per initiative year, maximum 10 points)

5. List service as medical chief of staff, chair of a hospital department, or chief medical officer:  
Title/Hospital/City/State/Year

---

---

---

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

6. List service on or as chair of a hospital or health care system(s) board of trustees or committee; or hospital; health maintenance organization (HMO; or insurance committee):  
Title/Hospital/City/State/Year

---

---

---

---

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

7. List information pertaining to leadership positions in your practice such as residency program director, managing partner, electronic health record (EHR) champion, etc:  
Position/Year

---

---

---

---

(1 point for each activity, maximum 5 points)

8. List meaningful contribution to a major practice transformation to improve the delivery of care; access to care; quality of care; or payment reform. (e.g, Certification of your practice as a Patient-Centered Medical Home (PCMH; i.e. the National Committee for Quality Assurance (NCQA) Physician Practice Connections® - Patient-Centered Medical Home (PPC-PCMH™) Recognition Process; Utilization Review Accreditation Commission (URAC); The Joint Commission; advanced primary care; completing the requirements and certifying for Meaningful Use; transforming to a performance based payment process, such as the Medicare Access & CHIP Reauthorization Act (MACRA) of 2015; developing and implementing a direct primary care practice; leading a practice; or system-wide clinical quality improvement program to meet value-based care directives):  
Activity Type/Location/Month/Year

---

---

---

(3 points per 6 month period, maximum 12 points)

Section III Teaching

1. List participation as a lecturer at a national AAFP meeting, (e.g. FUTURE (formerly National Conference of Family Medicine Residents and Medical Students); AAFP Family Medicine Experience (FMX) (formerly AAFP Assembly)):

Meeting/Lecture Title/Location/Month/Year

---

---

---

(3 points per lecture, maximum 6 points)

2. List participation as a lecturer at an AAFP chapter meeting:

Meeting/Lecture Title/Location/Month/Year

---

---

(2 points per lecture, maximum 4 points)

3. List participation as a lecturer at a national, regional, local meeting, or conference:

Meeting/Lecture Title/Location/Month/Year

---

---

(2 points per lecture, maximum 4 points)

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

Title/Institution/Location/Year Served

---

---

---

---

(5 points per year served, maximum 20 points)

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

Module/Residency Program/Year

---

---

---

---

---

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

6. List any service as a 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

---

---

---

---

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

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

List/Location/Month/Year

(1 point per activity/lecture, maximum 10 points)

8. List occasions you have volunteered to serve as chair of an AAFP chapter student interest committee or advisor for a family medicine club/FMIG:

Position/Organization/Year

(1 point per year, maximum 5 points)

9. List occasions you have served as an instructor for a national certification program such as Advanced Life Support in Obstetrics (ALSO); Advanced Trauma Life Support (ATLS); Pediatrics Advanced Life Support (PALS); or Advanced Cardiovascular Life Support (ACLS):

Position/Organization/Year

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

Section IV Public Service

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

Location/Year

(3 points per 90-day deployment, maximum 15 points)

12/10/2025 | 251212709 | Page 6 of 15

2. 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

[illegible]

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

3. Does your regular practice offer charitable medical services (including offering medical care to the homeless or underserved on a complimentary basis or a sliding fee scale)? If yes, please list the service and year.:

### Describe General Nature of Services

[illegible]

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

4. 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; quality improvement organization (QIO) board; peer review; legislative task force; city council; school boards; mayor, etc:

Position/Organization/City/State/Month/Year

---

---

---

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

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

Activity/Group or Organization/Location/Month/Year

---

---

---

---

---

---

---

---

---

---

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

6. 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 or Organization/Publication/Year

---

---

---

---

---

---

---

---

---

---

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

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

Award/Group or Organization/Month/Year

---

---

---

---

---

---

---

---

---

---

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



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

Position/Group or Organization/Month/Year

---

---

---

---

---

---

---

---

---

---

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

9. List volunteer medical services you have performed (team physician; school clinics; sexually transmitted infection (STI) 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

1. List non-published research presented at an AAFP-sponsored function including AAFP 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

---

---

(5 points per topic, maximum 10 points)

2. List research grants received as principal investigator(s):

Title/Granting Agency/Month/Year

---

---

(5 points per grant, maximum 10 points)

3. 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

---

---

\*Refereed means scientific manuscripts have undergone peer review  
(5 points per article, maximum 10 points)

4. 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; Annals of Family Medicine; Family Practice Management; etc. including on-line only publications):

Article Title/Name of Journal/Month/Year Published

---

---

---

---

\*Refereed means scientific manuscripts have undergone peer review  
(2 points per article, maximum 10 points)

5. List clinical articles you have reviewed or edited for a refereed\* medical publication (such as American Family Physician; New England Journal of Medicine; JAMA; British Medical Journal; or Annals of Family Medicine; Family Practice Management; etc. including on-line only publications):

Title/Publication/Start/End Date

---

---

---

---

\*Refereed means scientific manuscripts have undergone peer review  
(2 points per article/per year, maximum 10 points)

6. List articles you have published (clinical or non-clinical) in non-refereed\*\* and medical publications, including on-line only publications:

Article Title/Name of Journal/Month/Year Published

---

---

---

---

\*\*Non-refereed means scientific manuscripts have not undergone peer review  
(2 points per article, maximum 10 points)

7. List articles you have reviewed or edited for a non-refereed\* medical publication or any journal; AAFP patient education handouts; or monographs, including on-line only publications:

Title/Publication/Start/End Date

\*Refereed means scientific manuscripts have undergone peer review  
(1 point per article/patient education handout/monograph, maximum 4 points)

8. List medical books, medical videos, AAFP monographs or other medical media you have authored or co- authored:  
Title/Month/Year

(10 points per activity, maximum 20 points)

9. List chapters of medical books or other medical media (including medical websites) you have authored or co-authored:  
Title or URL/Month/Year

(2 points per activity, maximum 4 points)

10. List any services as an editor for an AAFP chapter or local chapter publications, including electronic or print:  
Publication/Year Served

(1 point per year served, maximum 4 points)

11. 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

(5 points per year, maximum 10 points)

12. List participation with other research as part of a group, company, residency program, or project (e.g. American Heart Association; Reach Out and Reach®; community project; etc):  
Study/Trial Location/Month/Year

(1 point per grant, maximum 5 points)

Section VI Service to the Specialty

1. List legislative services you have performed in a legislative Key Contact Program of a medical organization, such as AAFP or AAFP chapter; state medical society; etc.; or if you attended your state legislative lobby day/advocacy day:

Activity/Year

(1 point per year, maximum 3 points)

2. 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

(1 point per testimony, maximum 3 points)

3. List service in Doctor-of-the-Day Program at your state legislature (i.e., Doctor of the day programs' main premise is that a doctor volunteers to work in the state capitol for a day providing free minor care to legislators and their staff. The program provides an opportunity for physicians to experience the legislative process and interact with state legislators while providing care. Note: This program can run differently in each state.):

State/Date/Year

(1 point per day, maximum 3 points)

4. List if you have served as a commission/committee chair; commission/committee member; officer; or delegate/alternate in another medical organization, such as Society of Teachers of Family Medicine (STFM); American Medical Association (AMA); American Osteopathic Association (AOA); state; or county medical society; etc:

Position/Organization/Year

(2 points per each year of service, maximum 6 points)

5. List if you have served as an AAFP chapter or local chapter president/board chair:

Title/State/Year

(4 points per year held, maximum 8 points)

6. List if you have served as an AAFP chapter or local chapter officer (such as president-elect; vice president; speaker; vice speaker; treasurer; secretary):

Office/Year

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

7. List if you have served as an AAFP chapter or local chapter board of directors' member/chair of a chapter committee/ commission, or officer (chair; vice chair; secretary) of a member interest group (MIG):

Committee/Commission/MIG/Year

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

8. List if you have served as an AAFP chapter or local chapter member, other than chair, of chapter committee/commission:

Committee/Commission/Year

(1 point per each year of service, maximum 6 points)

9. List service as an AAFP chapter foundation or state political action committee board member or leader:

Leadership position/Year

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

10. 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; Society of Teachers of Family Medicine (STFM); Association of Family Medicine Residency Directors (AFMRD); American College of Osteopathic Family Physicians (ACOFP); etc:

Organization/Award/Year

(4 points per award, maximum 8 points)

11. List any participation in AAFP (national or chapter) non-clinical education activities, such as the National Conference of Constituency Leaders (NCCL) (formerly NCSC); Annual Chapter Leadership Forum (ACLF)(formerly ALF); Member Interest Group (MIG); self-study leadership course; etc:

Activity/Year

(1 point per activity, maximum 5 points)

12. List any of the following positions held in the National AAFP Board of Directors member:

Position/Year

---

---

---

(5 points per year in office, maximum 15 points)

13. List service as FamMedPAC board member; AAFP Foundation board; AAFP delegate/alternate delegate:

Position/Year

---

---

---

---

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

14. List service as chair of AAFP commission; committee; sub-committee; task force; chair of National Conference of Family Medicine Residents/National Conference of Student Members; convener of the National Conference of Constituency Leaders (NCCL):

Committee/Commission/Year

---

---

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

15. List service as a member, other than chair, of AAFP commission; committee; sub-committee; task force; or as a representative for the AAFP to another national organization:

Committee/Commission/Year

---

---

---

---

(2 points per year of service, maximum 8 points)

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

Activity/Year

---

---

---

---

(1 point per meeting, maximum 5 points)

TOTAL POINT COUNT FOR:

Section I	Section II	Section III	Section IV	Section V	Section VI
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

TOTAL POINT COUNT FOR: AAFP DEGREE OF FELLOW

Section I	Section II	Section III	Section IV	Section V	Section VI
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

TOTAL POINT COUNT AAFP DEGREE OF FELLOW

(maximum — 543 points, minimum of 100 points needed to be confirmed as a fellow)

Section I	Section II	Section III	Section IV	Section V	Section VI
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Fellowship Fees

Fees for the Degree of Fellowship are \$210 and may be paid by check or credit card. 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 \_\_\_\_\_ CVV \_\_\_\_\_

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

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

Convocation Attendance (please submit by October 1, 2026)

Indicate which convocation ceremony you will attend during the AAFP FMX:

Nashville, TN.....October 20-24, 2026  
San Diego, CA.....September 20-24, 2027  
Indianapolis, IN.....October 10-14, 2028

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 would like to 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.)