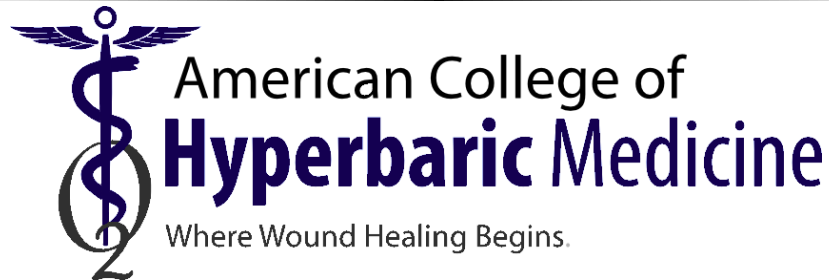


Hyperbaric Medicine Fellow Application



INSTRUCTIONS

Please complete the application and submit it along with the following:

- Documentation to demonstrate satisfaction of the criteria listed on page 4
- Written letter of recommendation preferably from an ACHM Officer or current Fellow of the ACHM. If this is not possible, please submit a letter of recommendation from your medical director or another physician colleague.
- Copy of Medical License
- Copy of Board Certification documentation
- Copy of HBO Certification documentation (Subspecialty Certification or ABWH CAQ)
- Curriculum Vitae

Email:

admin@ACHM.org

Fax:

(512) 370-1426

Mail:

American College of Hyperbaric Medicine
401 W. 15th Street, Ste. 100
Austin, TX 78701

Please notify the ACHM by e-mail (admin@achm.org) that your application has been sent. Once the complete application and documentation have been received, it will be reviewed by the Fellow Committee Chairperson. Upon approval of application, the candidate is nominated to the Executive Committee for a vote. Upon election by the Executive Committee, the Fellow will be notified and provided with a recognition letter and certificate. **ACHM Membership dues for Fellows will be increased to \$250 annually upon Designation of Fellowship Status.**

REQUIREMENTS

The American College of Hyperbaric Medicine (ACHM) admits to its Fellowship only those clinicians whose professional activity is dedicated to the practice of hyperbaric medicine and research and who agree to abide by the professional and ethical standards of the ACHM.

The applicant must meet the following criteria:

- Be an active or emeritus member of the ACHM for two continuous years immediately prior to election
- Certified in hyperbaric medicine at the time of election by the American Board of Wound Healing, the American Board of Emergency Medicine, the American Board of Preventive Medicine, or the American Osteopathic Board of Emergency Medicine
- Hold a full and unrestricted license to practice medicine in his or her state with no pending action which could jeopardize this status
- Achieved board certification (MD or DO) in his or her primary specialty
- Provide a written letter of recommendation preferably from an ACHM Officer or current Fellow of the ACHM. If this is not possible, please submit a letter of recommendation from your medical director or another physician colleague.
- Have an active practice in Hyperbaric Medicine defined a majority of his or her duties dedicated to hyperbaric medicine practice, teaching or research
- Be in good standing with her/her medical institution
- Meet three (3) or more of the following criteria:
 - Service to the ACHM as an elected Officer;
 - Active clinical practice of hyperbaric medicine with a minimum of 25% of his or her practice dedicated to hyperbarics
 - Member of the ACHM Executive Committee or designated ACHM working committee;
 - Active involvement in the formal teaching of hyperbaric medicine in wound care to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
 - Active involvement in hyperbaric medicine administration or departmental affairs;
 - Active involvement (beyond holding membership) in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
 - Active involvement in hospital affairs, such as medical staff committees, as attested by the Hospital Medical Staff Office;
 - Active involvement in research in hyperbaric medicine;
 - Reviewer, editor or listed author of a published scientific article or reference material in the field of hyperbaric medicine or wound care in a recognized journal or book;
 - Active involvement in committees/chapters of the UHMS, or comparable international hyperbaric society;
 - Active interest in advancing the science of hyperbaric medicine through participation in local, regional and national meetings and societies as well as promoting the practice of evidence-based medicine through research protocols and registries.

Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate and determination of the satisfaction of these criteria shall be by the Executive Committee of ACHM or its designee. Fellows shall be authorized to use the letters FACHM in conjunction with professional activities. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Business/Organization Name: _____

Email: _____

Birthdate: _____ ACHM Member ID: _____

Please indicate **preferred** mailing address: (check one) Office Home

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Average number of hours per week spent in hyperbaric medicine: _____

HYPERBARIC INVOLVEMENT

Please check all that apply and include supporting documentation (must meet at least three criteria):

- Service to the ACHM as an elected officer
- Active clinical practice of hyperbaric medicine with a minimum of 25% of his or her practice dedicated to hyperbarics
- Member of the ACHM Executive Committee or designated ACHM working committee
- Active involvement in the formal teaching of hyperbaric medicine or oxygen therapy in wound care to physicians, nurses, medical students, out-of-hospital care personnel, or the public
- Active involvement in hyperbaric medicine administration or departmental affairs
- Active involvement (beyond holding membership) in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official
- Active involvement in hospital affairs, such as medical staff committees, as attested by the Hospital Medical Staff Office
- Active involvement in research in hyperbaric medicine
- Reviewer, editor or listed author of a published scientific article or reference material in the field of hyperbaric medicine or wound care in a recognized journal or book
- Active involvement in committees/chapters of the UHMS, or comparable international hyperbaric society
- Active interest in advancing the science of hyperbaric medicine through participation in local, regional and national meetings and societies as well as promoting the practice of evidence-based medicine through research protocols and registries

I certify that the information contained in this application is correct and complete, and understand that any recognition granted me must be returned if I have falsified or omitted information. I further certify that I understand that fellowship status is granted upon all of the information in my application, that there is no appeal for an adverse decision by the ACHM, and waive my rights to seek legal remedy should I not be granted fellowship status at this time. In the event that my application is not approved by the Executive Committee, I may re-apply in one year. I am not entitled to a refund. I also understand that being granted fellowship status in hyperbaric medicine will have a ten year life, as long as I maintain membership with the ACHM.

Applicant's Signature: _____ **Date:** _____

PROFESSIONAL VERIFICATION

This form should be completed by the Medical Director, Department Chairperson or Administrator.

Applicants Name: _____

How long have you know this person: _____

Reviewer's Name: _____

Reviewer's Title: _____ **Phone:** _____

Name of Hyperbaric Unit(s): _____

Reviewer's e-mail address: _____

Reviewer's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I have personally reviewed this application and can attest to the supervision and clinical involvement of the applicant as noted on this application. The applicant is a current medical staff member in good standing.

Reviewer's Signature: _____ **Date:** _____

On behalf of the American College of Hyperbaric Medicine, thank you for your time.