



APPLICATION FORM FOR ACRO FELLOWSHIP – 2022

Please submit: application form, two (2) letters of recommendation, proof of board certification, and a current CV to the ACRO Fellowship Committee **on / or before November 15, 2021**

e-mail to Fraser Cobbe: fraser@acro.org

Please note: Nominees for ACRO Fellow status **must register** for the 2022 Annual Meeting (March 9-12 in Ft. Lauderdale, FL), **and be present** at the convocation/installation ceremony.

Demographic Information:	Full name:		Title:	
	Practice name:			
	Work Address:			
	City:		State / Zip:	
	Work Phone:		Work Fax:	
	Email Address:			
Medical School:		Year of Completion:		
Residency Training:	Institution:		Year of Completion:	
	Address:			
	City:		State / Zip:	
	Medical Specialty:			
Enclosures*:	*Application will not be accepted without the following enclosures:			
Board Certification*:	Date:		Copy of Certificate Enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letters of Recommendation	One supporting letter from an ACRO member		Copy Enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	One supporting letter from a member of your local medical community		Copy Enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates: **Candidate's Accomplishments/Service to the College*:** Examples- *contributions, exemplary attendance at annual meetings, service on committees, research grants, publications, contributions to patient care, teaching awards, other awards unique to the field. (Please attach proof if applicable, use additional page if necessary).*

For office Use Only

Date Received:		All supporting materials enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Active ACRO Member Since:		<input type="checkbox"/> 5 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> 15 yr <input type="checkbox"/> Attended 1 Meeting in last 5 years <input type="checkbox"/> Not Eligible	
Approved by Fellowship Chair:		Date:	