



Fellowship Program Application I

Name: _____ Membership ID# _____

Postgraduate degree(s) and dates earned:

1. _____
2. _____
3. _____

Specialty 1. (AMA recognized)	_____	Board certified: (Yes or No)	_____	Year:	_____
Specialty 2. (AMA recognized)	_____	Board certified: (Yes or No)	_____	Year:	_____

CMQ Certification Date: _____ Membership Join Date: _____

Job title: _____

Employer: _____

Office address: _____

Preferred mailing address: _____

Office phone: _____ Home phone: _____

Fax: _____ E-mail: _____

Signature (Scanned OK) _____ Date: _____

Return by e-mail to: acmq@acmq.org

Or mail to: ACMQ Fellowship Program
5272 River Rd, Suite 630
Bethesda, MD 20816

Or fax to: 301-656-0989

American College of Medical Quality

Fellowship Program Application II

ACMQ01 Attendance at one or more ACMQ National Conferences:

Year of conference	Location

And:

ACMQ02 Forty (40) hours of CME Category I from ACMQ National Conferences or other educational programs related to quality

CME activities attended	Dates	Hours

And:

ACMQ03 CMQ Certification (attach copy of certificate):

Organization conferring diploma/certification	Date

FOR Members who joined before March 1, 2008 are exempt from this requirement and may submit:

ACMQ03 A 250-word description of expertise, knowledge and/or experience in medical quality management or clinical quality improvement (please attach)

OR:

ACMQ03 Authorship of one article, on a topic related to quality, accepted by and published in the *American Journal of Medical Quality* or other peer-reviewed journal

Name of journal where article published	Citation and date of publication