

# AAOA Fellow Exam Application

**DEADLINE: JUNE 1**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Year joined AAOA \_\_\_\_\_

Year certified by the American Board of Otolaryngology \_\_\_\_\_

**Please list the AAOA Courses/Meetings for which you have documented CME credits.  
You must have 1 complete Basic Course, 1 complete Advanced Course/Explorers Course, 1 complete Annual Meeting and  
Additional CME Program (1 AAOA-sponsored required) within the 5 years prior to the exam date**

REQUIRED COURSES	YEAR/LOCATION
Full Basic Course	
Full Advanced Course/Explorers Course	
Full Annual Meeting	
Additional Meeting (Stacks do not qualify)	

***Fellow Exam Application Fee: \$950***

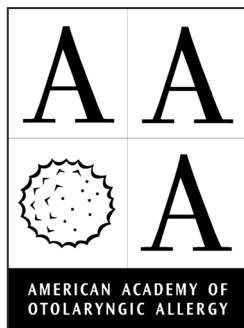
I hereby certify that the information presented on this application is true, correct and complete and that I am the primary allergy treatment provider for at least 10 patients for at least 6 months. I understand that if any information I have submitted on or within this application is untrue, incorrect or incomplete, I may be subject to discipline by the AAOA, which may include being expelled from the organization.

Candidate's Signature \_\_\_\_\_

I hereby confirm the above attestation that the candidate has treated with immunotherapy the ten patients as described above.

Signature \_\_\_\_\_

Relationship to the Candidate \_\_\_\_\_



**Applications can be submitted online, by email or by mail.**

- Online: <https://aaoa.cloud-cme.com/Form.aspx?FormID=2853>
- Email: [kchenal@aaoallergy.org](mailto:kchenal@aaoallergy.org)
- Mail:

AAOA, Inc.  
Attn: Fellow Exam  
11130 Sunrise Valley Road  
Suite #100  
Reston, Virginia 20191

Deadline for submission is ***June 1***. Incomplete applications will not be accepted. The application fee is non-refundable and non-transferable. Contact [kchenal@aaoallergy.org](mailto:kchenal@aaoallergy.org) with any questions.