

AAOA Fellow Exam Application

DEADLINE: JULY 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 6 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.

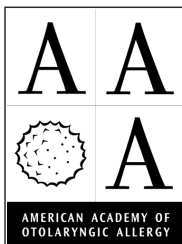
Candidate's Signature

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

Signature

Relationship to the Candidate

Please select the year you wish to sit for the exam: 2027 2028 2029 2030 2031



Applications can be submitted online or by
email (kchenal@aaoallergy.org).



Deadline for submission is *July 1*. Incomplete applications will not be accepted. The application fee is non-refundable and non-transferable. Contact kchenal@aaoallergy.org with any questions.