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

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

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.