



American Academy of Physical Medicine and Rehabilitation

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info@aapmr.org

**Remit application to:**

Fax: (847) 563-4191  
Email: careerservices@aapmr.org

**FELLOWSHIP LISTING APPLICATION**

To receive a complimentary listing of your fellowship in the AAPM&R Job Board, please complete this form in its entirety and email to [careerservices@aapmr.org](mailto:careerservices@aapmr.org).

*Fields marked with an \* are required.*

**Fellowship Program Title:\*** \_\_\_\_\_

**Program Director\*:** \_\_\_\_\_

**Program Co-Director:** \_\_\_\_\_

**Description:\***

*Please provide a brief description of your fellowship. This may include:*

1. *clinical, teaching, and research responsibilities/ opportunities for the fellow*
2. *the clinical focus of the fellowship (eg. stroke and TBI, sports and spine; spine interventional; etc., given only one designation is allowed above)*
3. *sports teams or events covered during the fellowship*
4. *private practice or university based*
5. *affiliated with a PM&R residency program and/ or medical school*

**Procedures Taught:\***

*Please list the various procedures the fellow will learn during the fellowship (do not include numbers, just a list of names). Eg: Lumbar spine procedures, epidural steroid injections, baclofen pump placements/refills, Botox, EMG, compartment pressure testing, ventilator management, Halo placement, etc.*



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**Additional Details:**

*If your listing has multiple spaces available but they are offered at different times of the year, please specify this in the Description section above.*

**Sector:\*** \_\_\_\_\_

**Type of Fellowship (Designation):\*** \_\_\_\_\_

**Length of Interview:\*** \_\_\_\_\_

**Length of Fellowship:\*** \_\_\_\_\_

**Has ACGME Accreditation:\*** \_\_\_\_\_

**Meets ABPMR Criteria to sit for Subspecialty Exam:** \_\_\_\_\_

**Fellowship Start Date:\*** \_\_\_\_\_

**Application Deadline:\*** \_\_\_\_\_

**Number of Openings:\*** \_\_\_\_\_

**Program Contact Information:**

**Address 1:\*** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**Address 3:** \_\_\_\_\_

**City:\*** \_\_\_\_\_ **State:\*** \_\_\_\_\_ **Zip Code:\*** \_\_\_\_\_

**Phone:\*** \_\_\_\_\_ **Fax:\*** \_\_\_\_\_

**Coordinator Name:\*** \_\_\_\_\_

**Coordinator Email:\*** \_\_\_\_\_

**Program Website:\*** \_\_\_\_\_

**SEND APPLICANTS TO (Email or Website):\***

\_\_\_\_\_