aaPM&R
American Academy of
Physical Medicine and Rehabilitation

AAPM&R Fellowship Verification Form

Please complete and return to the Academy via email to memberservices@aapmr.org or fax at (847) 563-4191.

Name: _____ **Member ID:** _____

Phone Number: _____ **Email Address**: _____

Address: _____

Address: _____

City, State Zip: _____

FELLOWSHIP CATEGORY

Is this program ACGME Accredited? ❑ *Yes* ❑ *No*

Fellowship Start Date: _____ *Fellowship End Date:* _____

Please select the type of Fellowship below that you will be completing:

☐ ACGME Hospice and Palliative Care	☐ Cardiopulmonary	☐ Osteoporosis Rehabilitation
☐ ACGME Neuromuscular Medicine	☐ EMG	☐ Pain (unaccredited)
☐ ACGME Pain Medicine	☐ Ethics	☐ Regenerative
☐ ACGME Pediatric Rehabilitation	☐ Hospice and Palliative Care (unaccredited)	☐ Research
☐ ACGME SCI Medicine	☐ Informatics	☐ Stroke
☐ ACGME Sports Medicine	☐ Legal	☐ Trauma Rehab
☐ ACGME TBI	☐ Metabolic Bone Diseases fellowship	☐ Other
☐ Amputee	☐ MSK/Sports/Spine (unaccredited)	_____
☐ Cancer Rehabilitation	☐ Multiple sclerosis	

FELLOWSHIP PROGRAM CONTACT INFORMATION

Fellowship Program Name:	
Fellowship Program Address:	
Fellowship Program Address:	
Fellowship Program City/State/Zip:	
Program Director/Coordinator Name:	
Program Director/Coordinator Email:	
Program Director/Coordinator Phone:	

Applicant Signature: _____ Date Signed: _____

Valid Through _____ *Date Approved*_____ *Staff Initials* _____