

## **AFFAM Aesthetic Medicine Fellowship Application:**

**Submission Instructions:** Please email this completed application to [info@affam.org](mailto:info@affam.org). Your application will be reviewed once we also receive your CV, Personal Statement, Letters of reference, ANCC/AANP or NCCPA Certificate, and BLS/ACLS certification.

Place Photograph Here

Fellowship Period: ☐ **Spring** (Jan-Jun) ☐ **Fall** (Jul-Dec) Year: \_\_\_\_\_

Applicant Certification: ☐ Nurse Practitioner ☐ Physician Assistant

Name: \_\_\_\_\_  
*Last First Middle I.*

Address: \_\_\_\_\_  
*Street Address City State Zip*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you an US Citizen? Yes No

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

EDUCATION		
<i>Degree</i>	<i>University/College</i>	<i>Month/Year of Graduation</i>

POST-GRADUATE CLINICAL TRAINING			
<i>Educational Path (NP/PA)</i>	<i>Institution/Program</i>	<i>City, State, Country</i>	<i>Start/End Dates (mm/yy)</i>

REFERENCES		
<i>Below please list the names of 3 references. Note that all letters of reference must be from individuals professionally involved in a teaching and/or supervisory role of applicant.</i>		
<u>Name</u>	<u>Title</u>	<u>Institution</u>

CERTIFICATION/LICENSURE		
<i>Below please list the names of 3 references. Note that all letters of reference must be from individuals professionally involved in a teaching and/or supervisory role of applicant.</i>		
<b>Have you met all requirements for PA or NP certification including passing the NCCPA-administered Physician Assistant National Certifying Exam (PANCE) or the American Association of Nurse Practitioners (AANP)'s FNP certifying exam or American Nurse Credentialing Center (ANCC)'s certifying NP exam?</b>	YES	NO
<b>Do you currently hold an active PA or NP license?</b>	YES	NO
<b>License Number:</b> _____ <b>State:</b> _____ <b>Exp. Date:</b> _____		

ADDITIONAL INFORMATION*		
<b>Have you ever been denied a license or had your license revoked, limited, restricted, or suspended?</b>	YES	NO
<b>Have you ever been placed on academic probation during your clinical training?</b>	YES	NO
<b>Have you ever been dismissed from an appointment to graduate school, professional clinical training program, fellowship or professional employment?</b>	YES	NO
<b>Have you ever resigned from any employment position, including an NP/PA program?</b>	YES	NO
<b>Do you have any pending or previous professional misconducts?</b>	YES	NO
<b>Have you ever been convicted of a felony or misdemeanor and/or do you currently have any pending criminal charges?</b>	YES	NO

*\*Please explain any affirmative answers on a separate sheet*

*I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission.*

**Applicant Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_