

# Fellow Advancement Application



**Deadline: April 1 or the next weekday**

## Applicant Information

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Full Name Date

Degree  MD  PhD  PharmD  DO  DSci  DVM  Other  
(check all that apply)

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Institution/Organization Job Title

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Mailing Address line 1 (no post office boxes please)

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Mailing Address line 2

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City State Zip/Postal Code Country

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Phone Fax E-mail *required for access to online journals*

Please read the IDSA Membership Information brochure for details on this membership category.

Specify track

Academic/investigator/administrator

Clinical practice

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IDSA Full Member since (year) Training program completion (year)

## Nominator Information

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Name of primary nominator (current IDSA fellow who is responsible for submitting the application)

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Name of secondary nominator (current IDSA fellow)

### Include:

- 1 Completed application (Please review the fellow advancement criteria carefully)
- 2 Letters from two IDSA fellow (document that fellowship criteria has been met and specify track)
- 3 Curriculum vitae

Each application for fellow must include a **curriculum vitae and letters from two IDSA fellows** documenting how the applicant meets the criteria for the specified track.

### Have Questions?

#### Contact IDSA Member Services at:

**p (703) 299-0200 or toll-free at (888) 844-IDSAs**

**f (866) 889-7318**

**e [membership@idsociety.org](mailto:membership@idsociety.org)**

**w [www.idsociety.org](http://www.idsociety.org)**

#### **Send completed application and payment to:**

IDSAs Member Services  
1300 Wilson Blvd., Suite 300  
Arlington, VA 22209

Or, fax both pages to (866) 889-7318

## Update Your Membership Demographic Information

*This information is useful to IDSA in helping us design programs that meet our members' needs.*

### Specialty, based on completion of an approved training program (physicians only; check one)

- Adult ID                       Internal Medicine                       Pediatric ID  
 Family Practice                       Obstetrician/Gynecology                       Other \_\_\_\_\_

### Primary employment affiliation (check one)

- Federal Government                       Military                       State/Local Government                       Private/Group Practice  
 Hospital/Clinic                       Pharmaceutical/Biotech Industry                       University/Medical School                       Other \_\_\_\_\_

### Professional activities (write "1" for primary and "2" for secondary)

- \_\_\_\_ Administration                      \_\_\_\_\_ Clinical Research                      \_\_\_\_\_ Public Health  
\_\_\_\_ Basic Research                      \_\_\_\_\_ Hospital Epidemiology                      \_\_\_\_\_ Teaching/Education  
\_\_\_\_ Clinical Microbiology                      \_\_\_\_\_ Patient Care                      \_\_\_\_\_ Other \_\_\_\_\_

## Optional Information

*This information is of value to IDSA in ensuring that leadership positions reflect the membership as a whole.*

### Sex

- Male                       Female

### Birthdate

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Race/Ethnicity

- American Indian/Native Alaskan                       White/Caucasian                       Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander                       Black/African American  
 Asian                       Other \_\_\_\_\_

## Payment Information

### Dues payment if your current dues have not been paid

- Domestic fellow (U.S.) [\$315]  
 International fellow  
     International fellow with subscription to print journals [\$360]  
     International fellow with subscription to electronic journals [\$280]  
     International fellow from a developing nation with subscription to print journals [\$105]  
     International fellow from a developing nation with subscription to electronic journals [\$25]

**Check enclosed**    Check Number: \_\_\_\_\_

**Please charge my**     MasterCard     VISA     Discover     American Express

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**Credit card number**

**Expiration Date**

-----  
**Signature**