Fellow Advancement Application

Deadline: April 1 or the next weekday

Applicant Information

Full Name _____ Date _____

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

Institution/Organization _____ Job Title _____

Mailing Address line 1 (no post office boxes please) _____

Mailing Address line 2 _____

City _____ State _____ Zip/Postal Code _____ Country _____

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

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

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

Specify track

◯ Academic/investigator/administrator

◯ Clinical practice

Nominator Information

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

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
4 Dues payment if your current dues have not been paid. Please see the schedule of dues below.

◯ Domestic fellow (U.S.) [$275]

◯ International fellow

- ◯ International fellow with subscription to print journals [$320]
- ◯ International fellow with subscription to electronic journals [$240]
- ◯ International fellow from a developing nation with subscription to print journals [$105]
- ◯ International fellow from a developing nation with subscription to electronic journals [$25]

☐

HIV Medicine Association *(No additional costs)*
IDSA Members who devote a substantial portion of their professional activities to HIV/AIDS are automatically eligible for membership.
See www.hivma.org for more information.

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 ◯ Pharmeceutical/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 in the amount of $ _____

◯ **Check enclosed** Check Number: _____

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

Credit card number **Expiration Date**

Signature

The primary nominator should submit the application.
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-IDSA
f (866) 889-7318
e membership@idsociety.org
w www.idsociety.org

Send completed application and payment to:

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

or fax both pages to (866) 889-7318