

Fellow Advancement Application



Deadline: April 1 or the next weekday

Applicant Information

Full Name Date

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

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.

Specify track

Academic/investigator/administrator

Clinical practice

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

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

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

w 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

Credit card number

Expiration Date

Signature