



As of 2/27/2008

Application for Executive Fellowship Credentials in Practice Management (EFPM)

Executive Practice Management is a broad-ranging term that covers myriad areas dealing with the physician practice. Executive Fellowship status is good for three years, with 16 units required for an additional three-year renewal to maintain the Fellowship credentials. To apply for the Executive Fellowship in Practice Management status you must meet the qualifications of the following:

- Current employment in one or more areas of practice management.
- At least two years experience in practice management either full or part-time.
- Over the past two years, any combination of experience and continuing education units (CEU), professional contributions, awards and professional designations totaling 16 units.

Units are measured as follows:

1. Practice Management Experience Units: one unit for each quarter year full-time equivalent (up to 8 total units).
2. Continuing Education Units: One unit for each accepted 6 hours of instruction (no limit on the number of units). If you do not have enough CE units you may fulfill requirements for the designation by completing items 3-5.
3. Professional Contributions: One unit for each hour taught or each full page published (up to 2 total units).
4. Awards and Professional Designation (up to 2 total units).
5. Association Membership (up to 2 total units).
6. Current member of the American Academy of Medical Management.

Attach support documents for all areas.

Note: Executive Practice Management is a term broadly used for non-clinical activities. It is primarily the “business side of medicine”, and the term is not defined to include true clinical areas. However, there are certainly clinically oriented practice management areas, such as quality assurance, which are applicable to the EFPM.

Application for Executive Fellowship Credentials in Practice Management (EFPM)

Name: _____
(As you wish it to appear on your Fellowship Certificate should you meet application requirements.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: (_____) _____

Fax: (_____) _____

E-Mail Address: _____

References

Please provide three references within the practice management industry that can attest to your professional experience and qualifications set forth in this application. Include the name of your current employer as the first reference, if applicable. When possible, list a Fellow in Executive Practice Management.

1. Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____

2. Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____

3. Name: _____
Title: _____
Organization: _____
Address: _____
Telephone: (____) _____

Experience in Practice Management

One unit for each quarter year full time equivalent (up to 8 total units). This section seeks information about the number of years and percentage of time spent in practice management over the past two years. This recognizes that a professional often has various practice management oriented responsibilities. Please provide appropriate employment data beginning with your current position and describe your professional experiences. Attach a separate sheet if more space is needed. **Please forward a letter from each employer to verify this information.** *Clinical experience does not qualify.*

1. Current Title/Responsibility: _____

Job Description: _____

Percentage of time spent in these practice management area(s): _____

Organization: _____

Address: _____

Employment: From ___/___ to ___/___ Total Years: _____

2. Title/Responsibility: _____

Job Description : _____

Percentage of time spent in these practice management area(s): _____

Organization: _____

Address: _____

Employment: From ___/___ to ___/___ Total Years: _____
Mo./ Yr. Mo./Yr.

Continuing Education

One unit for each accepted 6 contact hours of instruction during the past two years.
(No limit on number of units earned.)

Contact hours are the actual number of hours spent in classroom educational activity, excluding breaks. **For each, please provide: 1) verification of your attendance, 2) course outline.** *Clinical education, general education, and personal development topics do not qualify.*

1. Name of Program: _____

Sponsor: _____

Date: _____

Location: _____

Contact Hours: _____

Type of Program: _____

2. Name of Program: _____

Sponsor: _____

Date: _____

Location: _____

Contact Hours: _____

Type of Program: _____

3. Name of Program: _____

Sponsor: _____

Date: _____

Location: _____

Contact Hours: _____

Type of Program: _____

4. Name of Program: _____
Sponsor: _____
Date: _____
Location: _____
Contact Hours: _____
Type of Program: _____

Professional Contributions in the Field of Practice Management

Up to 2 total units, one unit for each hour taught or each full page published during the past two years.

This can be accomplished through publishing articles, teaching at continuing education programs or universities or serving in leadership capacities in practice management related associations.

All of the contributions listed below should be substantially related to the profession of practice management.

A. Authoring and Publishing an Article

In order to receive credit, **attach a reprint of the article(s) in one or more practice management areas that you have authored and published in recognized national or regional publications.** A quote attributed to you in an article does not qualify.

B. Teaching and Speaking at Programs and Meetings

Please list teaching or speaking assignments at meeting and educational programs on practice management. **Please attach verification of your speaking, with a copy of the promotional brochure and course outline.** (Serving as a panelist will count as half credit.)

1. *Program or Publication:*

Title of Course or Publication:

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting: _____

Your specific session length: _____ or article length: _____

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

2. *Program or Publication:* _____

Title of Course or Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting:

Your specific session length: _____ or article length:

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

3. *Program or Publication:* _____

Title of Course or Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting:

Your specific session length: _____ or article length:

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

Awards and Professional Designations

Up to two total units, one for each qualifying award and professional designation. During the past two years, any individual awards recognizing your practice management expertise or professional designations, such as certification or any other related fellowship credentials.

Please provide complete information on the name, purpose, sponsoring organization, date, qualifications and any other data relevant to the award/recognition that you have earned.

1. _____

DATE RECEIVED: _____

2. _____

DATE RECEIVED: _____

3. _____

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DATE RECEIVED: _____

Association Memberships

Up to two total units. One unit for each full-year membership of a national association or one-half unit for a local or state association during the past two years which is directly within the realm of practice management.

Membership in professional associations related to the field of physician practice management is strongly encouraged. Such membership exposes the member to industry trends as well as opportunities for professional enhancement.

The American Academy of Medical Management (AAMM) Actual year(s) of membership: _____

Other recognized national, state or local association(s) to which you currently, or previously held, membership:

Name of Association: _____

Actual year(s) of membership: _____

Name of Association: _____

Actual year(s) of membership: _____

I certify that all the information contained in this application is accurate. I understand that all of the information I have provided herein may be verified, and I authorize such verification. I also agree, if awarded Executive Fellowship status, to abide by the rules and regulations set forth by The American Academy.

Print Name: _____

Signature: _____

Date: _____

Mail completed and signed application, with all supporting documentation and processing fee to:

AAMM

Fellowship Programs

Crossville Commons

560 West Crossville Road, Suit 103

Roswell, GA 30075

Phone (770) 649-7150

Fax (770) 649-7552

Processing Fee: \$170.00 Members

(Fee is non-refundable)

You will be notified of your application results via mail within 4 to 6 weeks.