



As of January 1, 2005

Application for Fellowship Credentials in Medical Staff Development, (FMSD)

Medical Staff Development is a broad ranging term, which covers myriad areas dealing with physicians. To apply for Fellowship status in Medical Staff Development (FMSD) you must meet the following qualifications:

- Current employment in one or more areas of medical staff development.
- At least two years experience in medical staff development, whether 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. Experience Units: one unit for each quarter year full-time equivalent.
2. Continuing Education Units: One unit for each accepted 6 hours of instruction (no limit on the number of units).
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 units.
5. Association Membership: up to 2 units.
6. Current membership in the American Academy of Medical Management.

Attach all support documents as needed.

Note: Medical Staff Development is a term broadly used for non-clinical activities. It is primarily the “business side of medicine”, but does cover some related areas, such as working with physicians in providing medical education, medical records, etc. However, the term is not defined to include true clinical areas, such as patient treatment.

Application for Fellowship Credentials in Medical Staff Development, (FMSD)

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 Medical Staff Development 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 Medical Staff Development.

1. Name _____

Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____

2. Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____

3. Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____

Experience in Medical Staff Development

Unit Credit: One unit for each quarter year full-time equivalent. This section seeks information about the percentage of time spent in medical staff development over the past 2 years and recognizes that a professional often has various medical staff 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: _____

Description of Responsibility: _____

% of time spent in these medical staff development area(s): _____

Organization: _____

Address: _____

Employment: From ____/____ to ____/____ Total Years _____
Mo/Yr Mo/Yr

2. Title/Responsibility: _____

Description of Responsibility: _____

% of time spent in these medical staff development area(s) _____

Organization: _____

Address: _____

Employment: From ____/____ to ____/____ Total Years _____
Mo/Yr Mo/Yr

Continuing Education

Unit credit: One unit for each accepted 6 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, during the past year. For each, please provide: 1) verification of your attendance, 2) course outline. **Clinical education does not qualify.** Unrelated 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 Medical Staff Development

Unit Credit: 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 Medical Staff Development related associations.

All of the contributions listed below should be substantially related to the profession of Medical Staff Development in the past year.

A. Authoring and Publishing an Article

In order to receive credit, attach a reprint of the article(s) in one or more Medical Staff Development 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 Medical Staff Development. 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 Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location if Meeting: _____

Your specific session length: _____ or article length: _____

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

2. *Program or Publication:* _____

Title of Course Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location if Meeting: _____

Your specific session length: _____ or article length: _____

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

3. *Program or Publication:* _____

Title of Course Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location if Meeting: _____

Your specific session length: _____ or article length: _____

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

Awards and Professional Designations

Unit Credit: Up to 2 total units. One unit for each qualifying award and professional designation.

During the past 2 years, individual awards recognizing your Medical Staff Development expertise or professional designations, such as CMSR or any other related fellowship or certification 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. _____

DATE RECEIVED: _____

Association Memberships

Unit credit: Up to 2 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 2 years which is directly within the realm of medical staff development.

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

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

Other recognized national, state or local associations 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 Fellowship status, to abide by the rules and regulations set forth by The American Academy of Medical Management.

Application must be signed and dated.

Print Name: _____

Signature: _____

Date: _____

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

AAMM ~ Fellowship Programs
The American Academy of Medical Management
560 West Crossville Road, Suite 103
Roswell, GA 30075
Phone - (770) 649-7150 Fax - (770) 649-7552

Processing Fee: \$170.00 AAMM Members
(Fee is non-refundable.)

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

Thank you.

