



## Application for Distinguished Fellow

This application is for current fellow and sustaining members, in good standing, of the American Academy of PAs (AAPA). **Please review the eligibility requirements below carefully before completing this application.**

### Eligibility Requirements

Applicant must be a current fellow or sustaining member of AAPA in good standing, and meet one of the following requirements:

- An AAPA **fellow member** who:
  - Has had **9 years of fellow membership** in the span of the 12 years prior to application
  - **Graduated 12 or more years ago** from his or her PA program
- A **sustaining member** who:
  - Has had **15 years of membership (fellow and/or sustaining)** in the span of 20 years prior to application
  - **Graduated 20 or more years ago** from his or her PA program

If you are not sure of your membership term, please contact [df@aapa.org](mailto:df@aapa.org) so we can verify for you before you proceed with this application.

### Instructions

The application process is outlined below:

- **Point Requirements:**
  - 100+ total points required for eligibility
  - 50 points maximum may be counted in any section
  - Activities in at least 3 of the sections 1-5.
- **Documentation of 3+ Items:**
  - You must provide documentation for at least 3 items in your application (i.e. certificates, articles published, letters, awards..etc.) as proof of your achievements. You will find areas for upload in each section.
  - **A CV/Resume is not an acceptable form of documentation.**
- **Processing Fee:**
  - After completing the application, a one-time, non-refundable administrative fee of \$65 is due to process your application.
- **Interview and Next Steps:**
  - After AAPA reviews your application, you will be matched with a current Distinguished Fellow for a brief phone or email interview.
  - **The application process may take up to 2 months to complete.**

### Questions?

Email us at [df@aapa.org](mailto:df@aapa.org)

*I have acknowledged and read the above application requirements.*

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_



---

## Applicant Information

Name \_\_\_\_\_ AAPA# \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

PA Program Name \_\_\_\_\_ Graduation Date \_\_\_\_\_



---

## Section 1 – Professional Achievement

### A. List your primary areas of employment since graduation from your PA program.

<b>Role</b> (Patient Care, PA Education, Health Care Administration, Medical Research)	<b>Number of Years</b> (Distinct years, not counting overlapping employment)

a. \_\_\_POINTS: 2 points per each year employed in health care field

### B. Have you received awards and honors for activities undertaken as part of your primary employment?

<b>Recognition</b>	<b>Employer</b>	<b>Year</b>

a. \_\_\_POINTS: 5 points for each award

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**C. Have you delivered presentations or written publications designated as Category I CME?**

Activity/ Conference/ Publication	Sponsoring Organization	City	State	Year

a. \_\_\_POINTS: 2 points for each presentation/publication

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**D. Have you authored research or clinical review articles published in a peer-reviewed journal such as JAAPA, (can we add another journal example?),etc.?**

Article Title	Publication	Date Published

a. \_\_\_POINTS: 2 points for each publication

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---



**E. Have you served as author, contributing author, or editor of a peer-reviewed medical publication, medical book, AAPA monograph, or other enduring medical education or reference material?**

Role	Publication	Date Published

a. \_\_\_POINTS: 2 points for each publication

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**F. Have you published articles in non-peer-reviewed publications, patient-oriented publications, or popular media?**

Title or Topic	Publication	Date Published

a. \_\_\_POINTS: 2 points for each publication

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**\_\_\_POINTS TOTAL FOR SECTION 1 (Enter a maximum of 50 points)**

Insert any attached documentation from this section following this page.  
For attached documents, please make a notation on each document of the question it pertains to.



---

## Section 2 – Leadership

### A. Are you a recipient of an AAPA sponsored or co-sponsored award?

Award	Year Received

a. \_\_\_POINTS: 10 points per award

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

### B. Are you a recipient of an AAPA constituent organization sponsored award?

Award	Year Received

a. \_\_\_POINTS: 5 points per award

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**C. Have you practiced in an underserved area?**

Organization	City	State	Number of Years Served

a. \_\_\_POINTS: 2 points per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**D. Have you served as a PA in one of the uniformed services?**

Service	Number of Years Served

a. \_\_\_POINTS: 2 points per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**E. Have you participated on hospital committees, practice workgroups, or task forces that are not a primary part of your duties for your employer?**

Practice/ Hospital/ Organization	Activity/Committee	Number of Years

a. \_\_\_POINTS: 1 point per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

\_\_\_POINTS TOTAL FOR SECTION 2 (Enter a maximum of 50 points)

Insert any attached documentation from this section following this page.  
For attached documents, please make a notation on each document of the question it pertains to.





---

### Section 3 – Interaction

**A. Have you volunteered in a leadership role with AAPA?**

Role/Committee/Council/Task Force	Number of Years

a. \_\_\_POINTS: 2 points per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**B. List all memberships in AAPA constituent organizations.**

Constituent Organization	Number of Years

a. \_\_\_POINTS: 1 points per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**C. Have you volunteered in a leadership role with AAPA constituent organizations?**

Organization	Role	Number of Years

a. \_\_\_POINTS: 2 points per year for each role

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**D. Have you volunteered in a leadership role with affiliated or allied organizations of AAPA or its constituent organizations?**

Organization	Role	Number of Years

a. \_\_\_POINTS: 2 points per year for each role

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**E. Have you participated in legislative relations efforts on behalf of the PA profession?**

Issue or Activity	Legislator/ Legislative Body	Year

a. \_\_\_POINTS: 1 point per activity

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**F. Have you held volunteer positions with other PA, medical, or health professional organizations?**

Organization	Role	Number of Years

a. \_\_\_POINTS: 2 points per year for each role

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

<b>___POINTS TOTAL FOR SECTION 3 (Enter a maximum of 50 points)</b>
---

<p>Insert any attached documentation from this section following this page.          For attached documents, please make a notation on each document of the question it pertains to.</p>
--



---

## Section 4 – Learning

### A. Have you earned any additional degrees since graduation from your PA program?

Degree	Institution	Date MM/DD/YYYY

a) \_\_\_POINTS: 10 points for each degree earned

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

### B. Have you earned and maintained any additional professional certifications?

Certificate	Sponsoring Organization	Date MM/DD/YYYY

a) \_\_\_POINTS: 10 points for each certification

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---



**C. Have you undertaken any additional intensive clinical training?**

Certificate	Sponsoring Organization	Date MM/DD/YYYY

a) \_\_\_POINTS: 5 points for each training program

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**D. Have you served as a volunteer preceptor with PA students in your practice (rotations of 4 or more weeks)?**

PA Program	Clinical Area	Number of Years

a) \_\_\_(Point count: Allow 2 points for each year as a volunteer.)

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---



E. Have you served as an active volunteer lecturer, clinical instructor, group leader, advisor/mentor, etc. for a PA program? \*Excluding precepting\* (Leave blank if employed as full or part-time faculty of a PA program at the time.)

Title/Role	Institution	Number of Years

a) \_\_\_POINTS: 3 points for each year as a volunteer in PA education

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

\_\_\_POINTS TOTAL FOR SECTION 4 (Enter a maximum of 50 points)

Insert any attached documentation from this section following this page.  
For attached documents, please make a notation on each document of the question it pertains to.



**Section 5 – Community Service**

**1. Have you provided charitable medical services outside the scope of your regular practice?**

Facility or Organization	City	State	Number of Years Served

a) \_\_\_POINTS: 3 points per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**2. Have you performed any volunteer patient education or health promotion activities outside of your practice?**

Activity	Sponsoring Group	City	State	Number of Years Served

a) \_\_\_POINTS: 1 point per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---



**3. Have you performed any volunteer medical services?**

Activity	Sponsoring Group	City	State	Number of Years Served	Website Link	Document Attached	Explanation/ Description

a) \_\_\_POINTS: 1 point per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**4. Do you participate in any public health activities?**

Activity	Sponsoring Group	City	State	Number of Years Served	Website Link	Document Attached	Explanation/ Description

a) \_\_\_POINTS: 1 point per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---





**5. Are you involved in any other community service organizations?**

Activity	Sponsoring Group	City	State	Number of Years Served	Website Link	Document Attached	Explanation/ Description

a) \_\_\_POINTS: 1 point per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---



---

**\_\_\_POINTS TOTAL FOR SECTION 5 (Enter a maximum of 50 points)**

Insert any attached documentation from this section following this page.  
For attached documents, please make a notation on each document of the question it pertains to.



**Other**

Is there any other endeavor you have pursued that you believe deserves recognition?

Activity	City	State	Number of Years Served

a) \_\_\_POINTS: 1 point per activity per year

**Documentation:** Please provide documentation of your activity above, such as a website link or a document. You can write in space below or attach documents at the end of this section. If you do not have documentation, please note it here.

---

---

**\_\_\_POINTS TOTAL FOR OTHER**

Insert any attached documentation from this section following this page.  
For attached documents, please make a notation on each document of the question it pertains to.



---

## Score Summary

Enter your subtotals for the following sections of achievement (maximum 50 points per section).

- \_\_\_ Section 1: Professional Achievement
- \_\_\_ Section 2: Leadership
- \_\_\_ Section 3: Interaction
- \_\_\_ Section 4: Learning
- \_\_\_ Section 5: Community Service
- \_\_\_ Other

___ <b>TOTAL POINTS</b>
-------------------------

## Reminder

Before you send in your application, remember:

- **Point Requirements:**
  - 100+ total points required for eligibility
  - 50 points maximum may be counted in any section
  - Activities in at least 3 of the sections 1-5.
- **Documentation of 3+ Items:**
  - You must provide documentation for at least 3 items in your application (i.e. certificates, articles published, letters, awards..etc.) as proof of your achievements. You will find areas for upload in each section.
  - **A CV/Resume is not an acceptable form of documentation.**

---

## Submission and Payment

Return the completed paper application by mail to: AAPA, Attn: Distinguished Fellow Program, 2318 Mill Road, Suite 1300, Alexandria, VA 22314-1552. Or, scan and email your application to [df@aapa.org](mailto:df@aapa.org).

You can pay by check or submit an online payment of \$65, which is a one-time, nonrefundable administrative fee, required to process your application. Include a check payable to AAPA or submit an online payment using the link on the Distinguished Fellow web page.

Let us know if you are submitting your payment by check or online:

- Check
- Online

---

## Signature

*I confirm that the information included in this application for recognition as a Distinguished Fellow of AAPA accurately represents my professional and community activities. I understand additional information may be requested to confirm selected entries. I understand that information in this application that is falsified may result in revocation of the recognition.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your application!