

FIMS Application for Advancement to Fellow

Complete entire form. If space is not adequate, attach additional sheets.

Date: _____ (month) _____ (day) _____ (year)

Name: _____

Highest Degree Earned: _____

1. FIMS meetings attended in the last five years:

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

Date: _____ Location: _____ Date: _____ Location: _____

2. Describe the activities you have participated in as a service to FIMS

3. Describe your clinical and/or professional practice involving sports medicine. Provide an estimate of the number of hours spent working in sports medicine and the percentage of your total time spent in sports medicine practice.

4. After reviewing the Purpose and Objectives of the Fellow program, describe in 100 words or less why you would like to be a FIMS Fellow and why you should be approved for advancement to Fellow status.

5. If advanced to Fellowship in FIMS, how do you intend to exhibit your dedication to the goals and long-range activities of FIMS?