

American Association of Integrative MedicineSM

Application for Fellow Status



Qualifications for Fellow Status

- Held the Diplomate designation for a minimum of 2 years
- Be an AAIM member in good standing

Yes! Please advance me for Fellow status with the American Association of Integrative Medicine.

Membership Information (Please print or type all information)

Member ID Number		Designation
First Name	M.I.	Last Name
Address		
City/State/Zip		
List Primary Specialties		

I certify that the information I have provided to the American Association of Integrative Medicine (AAIM) is true, correct, and complete. I may be asked to provide additional documentation. I understand that AAIM reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with AAIM to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. I agree to hold harmless and indemnify AAIM and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for an ethical violation in the last 10 years, nor am I under investigation by any legal or licensing board. AAIM does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of AAIM's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of AAIM. AAIM does not assume any responsibility or liability for its members or subscribers' efforts to apply or utilize the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Print your name as you would like it to appear on your certificate (include designations). Designations must have documentation on file before they will be listed.

Signature _____

Payment Processing

One-time passage fee of \$250 must accompany application for Fellow status.

Check enclosed (Please make checks payable to: American Association of Integrative Medicine)

Money order Visa MasterCard American Express Discover

Paid in full \$ _____

Card Number	Expiration date
Signature	

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