

American College of Physician Executives

4890 West Kennedy Boulevard • Suite 200 • Tampa, Florida 33609-2575 • (813) 287-2000 • FAX (813) 287-8993

Application for Fellowship

Name _____ MD DO

Title _____

% of Full Time Work in Management _____

Organization _____

Address _____

City/State/Zip _____

Telephone _____ FAX _____

Email _____

Requirements for Fellowship

1. Member of ACPE for the last two consecutive years.
2. Diplomate status in ACPE (requires board certification in medical management (CPE) by the Certifying Commission in Medical Management (CCMM). No documentation required, this information is on file with ACPE.
3. Two letters of recommendation are required. One letter should be from a current ACPE Fellow who can nominate the candidate to receive Fellowship status. The second letter should be from a person who can speak from personal experience about the applicant's contribution to the field of medical management. The recommendation must provide a detailed description of the nature and extent of the applicant's contribution and must go beyond a simple summary and review of a candidate's resume.
4. One letter of recommendation from the chief executive or governing board of the applicant's employing organization.
5. Contributions to the field of medical management are over and above the applicant's job function and which extend well beyond the local organization of employment. This is generally demonstrated through published articles and books, papers, teaching, research, and/or service to the profession.
6. Participation such as attending ACPE meetings or actively participating in the ACPE online networks.
7. Current curriculum vitae.
8. Narrative describing your achievements in the field of medical management.
9. Current professional resume.

Review Process

The standard for application for Fellowship and the application process are rigorous. All applicants must meet and document all criteria and standards to the satisfaction of the Council of Fellows. It is the responsibility of the applicant to demonstrate to the Council of Fellows that they meet these requirements.

Each application will be checked for completeness by ACPE staff. When complete, applications will be reviewed by the Council of

Fellows. Applications are reviewed periodically from June 1 through February 1 of the following year. Applications received after February 1, or incomplete applications after February 1 will not be considered until after June 1.

Candidates will be notified by letter of their Fellowship status and be invited to participate in the ACPE Induction Ceremony held in conjunction with the Spring Institute.

Contributions to Medical Management

Successful applicants for Fellowship must demonstrate to the satisfaction of the Council of Fellows that they have established themselves as a recognized authority in one or more aspects of medical management through published articles, teaching, research, and/or service to the field of medical management.

Articles and/or Books Published: These must be authored or co-authored by the applicant and, as their central theme, address activities, tasks, or disciplines, of management. **Please submit nine copies of each article and one copy of each book listed.**

1. _____
Title Name of Publication

Published By Date of Publication

2. _____
Title Name of Publication

Published By Date of Publication

3. _____
Title Name of Publication

Published By Date of Publication

4. _____
Title Name of Publication

Published By Date of Publication

5. _____
Title Name of Publication

Published By Date of Publication

6. _____
Title Name of Publication

Published By Date of Publication

Lectures presented to regional or national audiences: Content of lecture must address activities, tasks, or disciplines of medical management.

1. _____
Title of Presentation _____ Name of Meeting/Conference _____
Sponsor of Meeting/Conference _____ Date(s) of Presentation _____
Approximate Number of Attendees _____ Approximate Length of Presentation _____

Brief description or outline of presentation: _____

2. _____
Title of Presentation _____ Name of Meeting/Conference _____
Sponsor of Meeting/Conference _____ Date(s) of Presentation _____
Approximate Number of Attendees _____ Approximate Length of Presentation _____

Brief description or outline of presentation: _____

3. _____
Title of Presentation _____ Name of Meeting/Conference _____
Sponsor of Meeting/Conference _____ Date(s) of Presentation _____
Approximate Number of Attendees _____ Approximate Length of Presentation _____

Brief description or outline of presentation: _____

