Academy of Exercise Medicine
Physician Fellowship Application

Applicant Information

First Name	
Last Name	
Phone Number	
Email Address	
Organization/ Affiliation	

Please check the following that applies to you:

a. Board Certification in one of the choices below.
- ☐ Internal Medicine
- ☐ Pediatrics (including subspeciality pediatric cardiology and pulmonology)
- ☐ Combined Internal Medicine-Pediatrics
- ☐ Physical Medicine (Physiatry)
- ☐ Family Medicine
- ☐ Anesthesiology

b. Self- Attestation

Required
- ☐ Minimum of 250 CPET test interpretation as primary across your career.

Optional

Actively involved in the broad field of EMD&T and meeting 3 of the following:
- ☐ Minimum of 40 referrals/consultation for cardiac rehabilitation or exercise therapy.
- ☐ Minimum of 50 hours annually in exercise program development. *(supervisory roles, administrative duties, curriculum development)*
- ☐ Participates annually in 10 hours of EMD&T teaching annually. *(includes seminars, grand rounds, bedside teaching)*
- ☐ Minimum of mentorship of 3 early career physicians and other health care professionals in EMD&T. *(mentorship is defined as counseling in clinical or research development for junior personnel)*
- ☐ Participation as consultant, co-author, or collaborator on minimum of 5 clinical/translational publications, abstracts, and presentations focused primarily on EMD&T (list).
- ☐ A record of substantive contribution to the field of exercise medicine by authorship of publications reflecting original research or professional guidelines related to exercise function or assessments

c. Please acknowledge your participation by checking the following items:
- ☐ Willingness to serve on key AEM curriculum and related committees.
- ☐ Willingness to review AEM Accreditation Questions.

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d. Please provide two letters of support. Below is an example of an LOS structure.
(You are not required to follow this format)

"Dr. (Name) is well known to me as an expert in the field of Clinical Exercise Medicine, Diagnostics and Therapeutics. I have worked with him/her substantially and meaningfully on the interpretation of exercise tests, and clinical referrals and consultations for exercise therapy and cardiac rehabilitation. He/She is recognized as an expert and supervisor in laboratory-based clinical exercise testing. He/She is known as an outstanding teacher, mentor, and advocate of the application of exercise medicine, diagnostics and therapeutics in clinical and/or translational research activities. I nominate him/her enthusiastically as a Fellow of the Academy of Exercise Medicine.

Signed: Name, Title, email address"

By signing below, I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____