

# American Geriatrics Society Fellowship Application and Instructions

You are eligible for consideration for AGS Fellowship if you are currently an Active Member of the AGS, have been an Active Full Member of the AGS for at least 5 years and have attended at least 3 Annual Meetings. Fellowship status is awarded according to approval by the AGS Board of Directors.

**Instructions:** To be considered for the degree of AGS Fellow, an applicant must:

1. Provide two letters of recommendation by members of the Society in good standing (members for at least three years, Fellows of the Society encouraged) endorsing the applicant's advancement to Fellowship status.
2. Accrue 20 points as defined by this application.
  - Complete only the items that apply.
  - Do not list identical items in multiple categories.
  - Submit documentation where noted.
3. Submit a \$50 application fee to the AGS Membership Department (address below)

Only complete applications reaching the 20 point minimum will be forwarded to the Fellowship Review Panel for their review and recommendations. Final approval of all AGSF applicants will be considered by the AGS Board of Directors at its May and November Board Meetings (depending on application submission before the March 15<sup>th</sup> and September 15<sup>th</sup> deadlines).

Things to keep in mind when completing the online application:

- Complete only the items that apply.
- Do not list identical items in multiple categories.
- Submit documentation where noted.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Year Membership in Society began: \_\_\_\_\_

**CERTIFICATION**

1. Certifying Body: \_\_\_\_\_  
(ABIM, ABFM, ABPN, AOBIM, ALBGP, Other?)

Certified in (list all): \_\_\_\_\_ Initial Certification Date \_\_\_\_\_

*(3 points for initial certifications, 3 points maximum) POINTS: \_\_\_\_\_*

2. Recertification \_\_\_\_\_ Dates \_\_\_\_\_

Recertification \_\_\_\_\_ Dates \_\_\_\_\_

*(1 point for recertification, 1 point maximum) POINTS: \_\_\_\_\_*

3. For Physicians Only  
Geriatrics Certificate of Added Qualifications or geriatrics board certification)

Date \_\_\_\_\_

*(1 point for CAQ, 1 point maximum) POINTS: \_\_\_\_\_*

**AGS ACTIVITIES**

4. List up to 5 AGS Annual Meetings that you have attended

1. Date \_\_\_\_\_ Location \_\_\_\_\_

2. Date \_\_\_\_\_ Location \_\_\_\_\_

3. Date \_\_\_\_\_ Location \_\_\_\_\_

4. Date \_\_\_\_\_ Location \_\_\_\_\_

5. Date \_\_\_\_\_ Location \_\_\_\_\_

*(1 point for each, 3 points Min requirement, 5 points maximum) POINTS: \_\_\_\_\_*

5. List CE meetings sponsored by the AGS or AGS Affiliates that you have attended

Meeting	Sponsor	City/State	Month/Year

(1 point for each, 3 points maximum)

POINTS: \_\_\_\_\_

6. List other AGS sponsored or AGS Affiliate sponsored CE activity that you participated in (such as webcast, online CE, journal CE, etc.)

Activity	Month/Year

(1 point for each, 3 points maximum)

POINTS: \_\_\_\_\_

7. List non-published research presented at an AGS sponsored or endorsed meeting

Topic	Meeting	Month/Year

(1 point for each, 3 points maximum)

POINTS: \_\_\_\_\_

8. List other AGS activities that you have participated in (Volunteer mentor, Spokesperson, Health in Aging Advocacy Center, etc.)

Activity	Month/Year

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(1 point for each, 4 points maximum)

POINTS: \_\_\_\_\_

9. List any positions held for the AGS or an AGS state affiliate (Committee, Board, editorial panel, workgroup, etc.)

Position	Committee/Board	Years of Service

(1 point/year, 12 points maximum)

POINTS: \_\_\_\_\_

10. List any activities where you have served as the AGS representative to another group (e.g. guideline reviewer, member of a work group, etc.)

Activity	Group	Years of Service

(1 point for each activity, 8 points maximum)

POINTS: \_\_\_\_\_

11. List grants related to aging research, education or clinical activity received

Title	Grant Agency	Month/Year	Grant Amount

(1 point for each grant, 3 points maximum)

POINTS: \_\_\_\_\_

### **PUBLICATIONS & RESEARCH**

12. List authored Research or Clinical Review articles, related to aging, that you have published in a peer-reviewed journal (such as the Journal of the American Geriatrics)

<b>Title</b>	<b>Journal</b>	<b>Month/Year Published</b>

(2 points for each article, 4 points maximum) POINTS: \_\_\_\_\_

13. List articles related to aging that you have published in a non-peer reviewed medical publication

<b>Title</b>	<b>Journal</b>	<b>Month/Year Published</b>

(1 point for each article, 4 points maximum) POINTS: \_\_\_\_\_

14. List if you have served as an author or on an editorial board for an AGS Publication, including print, online and patient education resources.

<b>Publications</b>	<b>Role</b>	<b>Start/End Date</b>

(2 points for each, 4 points maximum) POINTS: \_\_\_\_\_

15. List other aging related publications that you authored (e.g., book chapters, pamphlets, etc.)

Title	Month/Year Published

(1 point for each title, 3 points maximum)

POINTS: \_\_\_\_\_

**TEACHING**

16. List participation as a speaker or moderator at an AGS National Meeting

Meeting	Lecture Title	Year

(2 points for each lecture, 4 points maximum) POINTS: \_\_\_\_\_

17. List participation as a speaker or moderator at an AGS Affiliate Meeting

Meeting	Lecture Title	Month/Year

(1 point for each lecture, 2 points maximum) POINTS: \_\_\_\_\_

18. List any geriatrics related teaching awards that you have received

Award	Organization	Month/Year

(1 point for each award, 2 points maximum) POINTS: \_\_\_\_\_

19. List any significant geriatrics curriculum that you have designed

Curriculum Title	Academic Organization	Month/Year

(1 points for each curriculum, 2 points maximum) POINTS: \_\_\_\_\_

**PUBLIC SERVICE**

20. List any volunteer patient education activities related to care of older adults

List Activity	Location	# of Hours	Month/Year

(1 point for every 12 hours spent volunteering, 2 points maximum) POINTS: \_\_\_\_\_

21. Describe if you have performed any public relations activity that explains Geriatrics to the public such as lectures to civic groups, public service announcements, interviews, radio or TV appearances.

Activity	Group/Location	# of Hours	Month/Year

(1 point for every 12 hours, 2 points maximum) POINTS: \_\_\_\_\_

22. List any volunteer medical services related to older adults you performed

Activity	City/State	# of Hours	Month/Year

(1 point for every 12 hours, 2 points maximum) POINTS: \_\_\_\_\_

23. Service on Hospital, Health Care Systems, Community or Insurance Boards relating to geriatric issues

Organization	City/State	# of Hours	Month/Year

(1 point for every 12 hours, 2 points maximum) POINTS: \_\_\_\_\_

24. List active participation in aging related quality initiatives

Initiative	# of Hours	Month/Year
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(1 point for ever 12 hours, 2 points maximum) POINTS: \_\_\_\_\_

25. List if you have served as a chair, officer, committee member or delegate of another health professional organization that serves older adults such as AMDA, ACP, AAFP, ASCP, NCGP, etc. or the AGS state affiliate organization of one of these groups

Position	Organization	Month/Year

(1 point for each activity, 3 points maximum) POINTS: \_\_\_\_\_

**Please submit completed application to:**

Elaine Louis  
 Membership Manager  
 American Geriatrics Society  
 350 Fifth Avenue, Suite 801  
 New York, NY 10118  
[elouis@americangeriatrics.org](mailto:elouis@americangeriatrics.org)  
 T: (212) 308-1414  
 F: (212) 832-8646