January 2008

Dear ACMT Member:

If you have been an active ACMT member for at least 4 years, you are eligible for nomination to status as a Fellow of the American College of Medical Toxicology. Join this admirable group of medical toxicologists by filling out the attached application. In order to be considered for fellowship, applicants must meet the requirements in two of the following categories: clinical practice, research, formal teaching, public service, service to the college. Three letters of recommendation are also required.

If you have applied in the past and not been accepted, we encourage you to apply again if your status has changed. Members from the membership committee and the administrative staff of ACMT would be happy to help with any questions or concerns regarding the application process. Thank you for your attention to this important matter.

Sincerely,

Curtis P. Snook, MD, FACMT
Chairman, ACMT Membership Committee
ACMT FELLOW APPLICANT PROCESS

Eligibility:

Members, International Members, and Members Emeritus of the American College of Medical Toxicology who have met additional criteria as established by members shall be designated as "Fellow of the American College of Medical Toxicology." (Section 3-2, ACMT bylaws)

Application Process:

Eligible ACMT members will be periodically reminded by mailings and announcements of availability of application materials for Fellow status. The application process will be initiated by the member, and does not require nomination. The application steps and corresponding guidelines are as follows:

1. Fellow applications may be requested at any time by the applicant from the ACMT office.

2. One original and 6 copies of completed applications must be postmarked by January 31 of each year.

3. Applications will be reviewed by ACMT office staff for completeness and verification that they will have fulfilled the four-year Full Membership requirement by the time of the Annual Meeting at which they will be accepted. The ACMT office will notify applicant one time of the letters of recommendations needed by February 15.

4. Copies of applications will be forwarded by March 30 to ACMT Membership Committee members for review.

5. A quorum (majority of all Committee members) must meet by May 15 to vote on the applications. A two-thirds vote of the Committee members present will be required for recommendation.

6. All applicants will be notified of their status by June 30.

7. Applicants not recommended for approval by the Membership Committee shall be able to submit a written appeal for review and reconsideration of the application by the ACMT Board. If an applicant is recommended by the Committee, but not approved by ACMT membership, no further appeal will be heard, but the applicant may reapply for Fellow status the following year.

8. New Fellows will be announced at the Annual Business Meeting.
AMERICAN COLLEGE OF MEDICAL TOXICOLOGY

Application for Fellow Status

Directions:

1. Please type or print

2. Complete at least one of the criteria in at least two separate categories below. Applicants may choose to provide evidence of meeting more than one criteria in each category, and may also choose to provide evidence of meeting criteria in more than the two minimum required categories of practice.

3. Provide names and addresses of three current ACMT members willing to write letters of recommendation and verification of eligibility criteria.

4. Return completed application to: American College of Medical Toxicology, 1901 N. Roselle Road; Suite 920; Schaumburg, IL 60195.

Name (with degree): _________________________________________________________________

Address Preferred: o Home  o Office

Home address: ______________________________________________________________________

City/State/Zip: _____________________________________________________________________

Telephone:__________________________________________________________________________

Fax: ________________________________________________________________________________

E-mail: _____________________________________________________________________________

Business address: __________________________________________________________________

Institution:__________________________________________________________________________

Street: ______________________________________________________________________________

City/State/Zip: _____________________________________________________________________

Telephone:__________________________________________________________________________

Fax: ________________________________________________________________________________

E-mail: _____________________________________________________________________________
Categories (refer to Fellowship Criteria as outlined on the last page of this application)

**Category: Practice**

Criteria:

1. List clinical toxicology practice location, dates, and percent of all professional activities. * Also attach a copy of license(s) outside of the United States.

<table>
<thead>
<tr>
<th>Location/Capacity</th>
<th>Dates</th>
<th>%</th>
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2. List clinical toxicology consultations location, dates, and percent of all professional activities*:

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<th>Location/Capacity</th>
<th>Dates</th>
<th>%</th>
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3. List job position, site of practice, dates, and percent of industrial or governmental toxicology service:

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<tr>
<th>Position</th>
<th>Location</th>
<th>Dates</th>
<th>%</th>
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* Please note that attending time in the ER does not constitute time considered as medical toxicology.
Criteria

1. List medical toxicology teaching site, (hospital, university, etc.) academic appointment (if applicable), and dates of formal medical toxicology teaching.

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<tr>
<th>Site</th>
<th>Appointment</th>
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2. List a minimum of four (4) textbook chapters and/or medical journal publications, including case reports in the field of medical toxicology (in reference format in which you are author or co-author). * Attach a copy of the first (title) page of each listed publication.

___________________________________________________________________________

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3. List faculty appointment in medical toxicology fellowship program and dates.

<table>
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<tr>
<th>Fellowship Program</th>
<th>Appointment</th>
<th>Dates</th>
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* Publications used to satisfy Formal Teaching should not be used to satisfy Research.
Category: Research

Criteria:

1. Cite at least four (4) reports of original research in medical toxicology of an investigatory nature that have been peer reviewed in which you are a contributing author, not including case reports, abstracts or letters to the editor.* Attach a copy of the first (title) page of each listed publication.

Reference 1: _________________________________________________________________________
___________________________________________________________________________________

Reference 2: _________________________________________________________________________
___________________________________________________________________________________

Reference 3: _________________________________________________________________________
___________________________________________________________________________________

Reference 4: _________________________________________________________________________
___________________________________________________________________________________

Reference 5: _________________________________________________________________________
___________________________________________________________________________________

Reference 6: _________________________________________________________________________
___________________________________________________________________________________

2. Cite at least two (2) reports of original research in medical toxicology of an investigatory nature that have been peer reviewed in which you are lead author, not including case reports, abstracts or letters to the editor.* Attach a copy of the first (title) page of each listed publication.

Reference 1: _________________________________________________________________________
___________________________________________________________________________________

Reference 2: _________________________________________________________________________
___________________________________________________________________________________

Reference 3: _________________________________________________________________________
___________________________________________________________________________________

Reference 4: _________________________________________________________________________
___________________________________________________________________________________

Reference 5: _________________________________________________________________________
___________________________________________________________________________________

* Publications used to satisfy Research should not be used to satisfy Formal Teaching.
**Category: Public Service**

Criteria

1. List appointment and dates as director, medical director, or assistant director, or assistant medical director of a regional poison center.

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<tr>
<th>Regional Poison Center</th>
<th>Position</th>
<th>Dates</th>
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2. List appointments and dates as member of a governmental or public committee(s) addressing medical toxicology issues.

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<tr>
<th>Committee</th>
<th>Position</th>
<th>Dates</th>
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3. List appointments and dates as a member of another professional medical society committee(s) addressing medical toxicology issues.

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<tr>
<th>Professional Society</th>
<th>Position</th>
<th>Dates</th>
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4. List appointment and dates as director, chairman, or other leadership role in a public service organization related to medical toxicology.

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<th>Organization</th>
<th>Position</th>
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Category: Service to the College

Criteria:

1. List appointments and dates on ACMT or former ABMT committees.

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<th>Committee</th>
<th>Position</th>
<th>Dates</th>
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2. List dates of service as a member of the Board of Directors of ACMT, or former ABMT.

<table>
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<th>Board</th>
<th>Position</th>
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Applicants must procure letters of recommendation from three current ACMT members. Letters should address specific categories pertinent to the applicant and be forwarded directly to the ACMT headquarters office. (See attached checklist to forward to your colleagues). List the names of those members who will be forwarding letters of recommendation:

Name:__________________________________________
Address:________________________________________
Telephone:______________________________________

Name:__________________________________________
Address:________________________________________
Telephone:______________________________________

Name:__________________________________________
Address:________________________________________
Telephone:______________________________________

I verify that the information contained in this application is accurate and that I have satisfied these eligibility criteria.

Signature:______________________________________ Date:______________________________________