



# ACOI MENTOR APPLICATION FORM

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Please Print  
AOA # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_

(Please circle one) Internal Medicine or Subspecialty (describe) \_\_\_\_\_

\_\_\_\_ I am close to \_\_\_\_\_ D.O. School  
and am willing to mentor students.

\_\_\_\_ I am close to \_\_\_\_\_ ACGME Internal  
Medicine Residency and am willing to mentor residents.

\_\_\_\_ I can mentor long-distance via telephone, email, etc.

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Please complete application and fax to Brian J. Donadio, Executive Director at 301 656-7133 or mail to ACOI:



3 Bethesda Metro Center, Suite 508  
Bethesda, MD 20814  
1 800 327-5183  
www.acoi.org acoi@acoi.org