



ACOI MENTEE APPLICATION FORM

(For Students)

Please Print

AOA # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Medical School _____ Expected Year of Graduation _____

My plans are to practice internal medicine. I would like to stay connected with my osteopathic family and I would like an ACOI Mentor. I plan to spend my PGY 1 year at (if known):

Name of Institution _____

Address _____

I plan to spend my subsequent PGY years at (if different from above):

Name of Institution _____

Address _____

The address where my whereabouts will most likely always be known is:

Address _____

I have the following particular request(s) for the mentor that is chosen for me (geographic location, specialty, gender, type of practice, etc.)

Please complete application and email to Kara Kerns, Post-Doctoral Training Specialist, at kara@acoi.org or mail to ACOI:
11400 Rockville Pike, Suite 801, Rockville, MD 20852