

Fellows of the American Academy of Hospice and Palliative Medicine Application

Application Date: July 25- September 19, 2025

Eligibility Requirements

All AAHPM members are eligible to apply for the FAAHPM designation if they meet the following criteria.

1. AAHPM members in good standing for at least seven (7) years. Applicants who have not completed seven years of membership by the application deadline will **NOT** have their application reviewed.
 - One year of Fellow Membership can count towards this requirement.
 - **Students, Resident and International memberships do not count towards this requirement.**
2. Physician applicants **must** currently hold a Hospice and Palliative Medicine board certification by one of the 10 cosponsoring members of the American Board of Medical Specialties (ABMS) subspecialty, the American Osteopathic Association Bureau of Osteopathic Specialists, or the Hospice Medical Director Certification board (HMDCB).
3. Evidence of professional activity in the field of Hospice and/or Palliative Care. This requirement includes experience in any clinical, educational, research or administrative roles, or combination of these activities as defined within the application.
4. Significant expertise, commitment to scholarship, and practice in the field of Hospice and Palliative Care, as defined within the application.
5. Two official forms of recommendation are required.

Please give notice to those recommending you for the FAAHPM distinction that an email will be sent to them with the link to the recommendation form.

 - The first letter must be from any AAHPM member in good standing.
 - The second letter should be from either a supervisor, colleague, or current member of AAHPM.
6. An attached Curriculum Vitae (please limit to no more than 8 pages).
7. Payment of the non-refundable **\$350** application processing fee. Contact AAHPM Member Services to pay at 847-375-4712.
8. If requested, complete a phone interview with a member(s) of the AAHPM Membership and Communities Strategic Coordinating Committee.

Important Application Information:

- Applicants must acquire a **minimum of 130 points** as defined with the application.
- All applications are to be submitted through AAHPM's OpenWater portal. Any PDF, Word documents, or handwritten applications **will not** be accepted.
- Please note you do not need points in every section of the application to achieve the required 130 points.
- Enter each activity only once, do not duplicate entries and list each year separately where requested.
- Any and all questions, please contact Charli Holstein cholstein@aahpm.org.

2025 AAHPM Application for Fellow of the Academy Status

FAAHPM status will be awarded at the Annual Assembly in San Diego, CA.

Follow the instructions accompanying this form explicitly.

First Name:

Last Name:

Credentials:

Name you wish to appear on your FAAHPM Plaque:

Organization:

Street Address (Home preferred):

Apt/Suite/Office:

City:

State:

Postal Code:

Email Address:

Physicians Only: Indicate current primary board certification and date:

ABMS:

AOA:

Physicians Only: Indicate the year(s) you received Hospice and Palliative Medicine certification for the following:

ABMS:

AOA:

Physicians Only: Indicate the year(s) you received Hospice Medical Director Certification.

HMDC:

Physicians Only: Indicate the year(s) you received re-certification:

1. List all degrees or certifications that have enhanced your work in the field or contributed to the development of your expertise in Hospice and Palliative Care. (e.g., MBA, MPH, PhD, PharmD, Nursing Degrees.) Please explain how these degrees or certifications developed your expertise. (2 points per additional degree, maximum 10 points)

	Degrees/Certification	Year
1		
2		
3		
4		
5		

2. Please list the most recent AAHPM Annual Assemblies you have attended. (2 points per complete meeting attended, maximum 8 points)

	Annual Assembly Location	Month/Year
1		
2		
3		
4		

3. List any AAHPM sponsored live educational events (e.g., HMD Course, Intensive Board Review Course, Fellowship Program Summit, LEAD, Leadership Forum Series, Ascend, Ignite, Clinical Scholars Programs, State of the Science) you have attended. (2 points per complete meeting, maximum 6 points)

	AAHPM Educational Event	Month/Year
1		
2		
3		

4. List any AAHPM sponsored CE activities (other than meetings) in which you have bought and completed, such as UNIPAC series, Essentials series, HMD Prep, Webinars, HPM Fast or HPM Pass. (2 points per activity, maximum 8 points)

	AAHPM CE Activity	Date Completed
1		
2		
3		
4		

Please list your total point score for Section I: Academic Training and CE

___ Additional Degrees/Certifications (max 10 points)

___ Attendance at AAHPM Annual Assemblies (max 8 points)

___ AAHPM Sponsored Live Educational Events (max 6 points)

___ AAHPM Sponsored CE Activities (max 8 points)

___ **Section I: Academic Training and CE Total Points** (max 32 points)

Section II: Publishing and Research

1. **List any Hospice and Palliative Care non-published research** (Papers, Posters, Orals, or Case Studies) **presented at either an AAHPM Annual Assembly or National Conference.** (2 points per topic, maximum 10 points)

	Title of Presentation	Conference	Meeting Year
1			
2			
3			
4			
5			

2. **List authored research** (systematic or narrative review) **articles relevant to Hospice and Palliative Care that you have published in a peer-reviewed journal.** (5 five points per article, maximum 20 points)

	Article Title	Name of Journal	Month/Year Published
1			
2			
3			
4			

3. **List other submissions** (letter to editor, help desk answers, etc.) **relevant to Hospice and Palliative Care that you have published in a peer reviewed journal.** (2 points per published submission, maximum 10 points)

	Article Title	Name of Journal	Month/Year Published
1			
2			
3			
4			
5			

4. **List any Hospice and Palliative Care articles you have published in a non-peer reviewed publication** (e.g., Geri-Pall, PalliMed, AAHPM Quarterly). (2 points per article, maximum 8 points)

	Article Title	Name of Journal	Month/Year Published
1			

2			
3			
4			

5. List clinical books, videos, websites, recordings, or webinars you have authored or co-authored related to the field of Hospice and Palliative Care. (5 points per activity, maximum 20 points)

	Title/Activity Type	Institution/ Publisher	Month/Year
1			
2			
3			
4			

6. List any research grants or awards received relevant to Hospice and Palliative Care (5 points per grant/award, maximum 15 points)

	Name of Grant/Award	Month/Year Received	Grant Amount
1			
2			
3			

Please list your total point score for Section II: Publishing and Research

- ___ Non-Published Research (max 10 points)
 ___ Research or Clinical Review Articles Published -Peer Reviewed (max 20 points)
 ___ Other published submissions – Peer Reviewed (max 10 points)
 ___ Other Articles Published (max 8 points)
 ___ Authored or Co-Authored - Books, Videos, Webinars (max 20 points)
 ___ Research Grants/Awards (max 15 points)
- ___ **Section II: Publishing and Research Total Points** (max 83 points)

Section III: Training and Workforce Development

1. List participation as a presenter at an Annual Assembly (e.g., Pre-conference workshops, concurrent sessions, and plenary sessions). (5 points per presentation, maximum 20 points)

	Session Title	Month/Year
1		
2		
3		
4		

2. List participation as a faculty/subject matter expert at any Hospice and Palliative Care focused educational course or webinar. (3 points per presentation, maximum 15 points)

	Session Title	Meeting	Month/Year
1			
2			
3			
4			
5			

3. List any service as a faculty member within a Hospice and Palliative Care training program (e.g., HPM Fellowship, HPC Research Fellowship, Interprofessional Palliative Care Certified Program). (5 points per year, maximum 20 points)

	Title	Institution	Location	Year Served
1				
2				
3				
4				

4. List any Hospice and Palliative Care teaching activities where you have facilitated or served as a supervisor or preceptor for students, residents, fellows or other clinical discipline professionals. (4 points per supervisor/preceptor role, maximum 40 points)

	Name and Professional Status	School/Institution	Total Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

5. List mentoring of mid-career professionals, international professionals, or team members. Please indicate the length of time you with these professionals. (6 points per individual mentored, maximum 30 points)

	Mentored Activity	Name and Professional Discipline	Time Dedicated	Year
1				
2				
3				
4				
5				

6. Provide information about occasions where you have formally lectured at another health care system or organization about Hospice and Palliative Care. (2 points per lecture, maximum 10 points)

	Topic/Title of Lecture	Organization/Health System	Location	Year
1				
2				
3				
4				
5				

7. List any educational, foundational or career grants received relevant to Hospice and Palliative Care (education grants from foundation: Robert Wood Johnson, SAMSA, HERSA, PACE, Children’s Miracle Network, etc.). (5 points per grant, maximum 10 points)

	Title	Foundation/Agency	Month/Year	Grant Amount
1				
2				

8. Please list any teaching awards or honors you have received for your work in the education arena. (5 points per award, maximum 10 points)

	Title of Award	Organization	Location	Year
1				
2				

Please list your total point score for Section III: Training and Workforce Development

- ___ Presenter at an AAHPM Annual Assembly (max 20 points)
- ___ HPC Subject Matter Expert for a Course or Webinar (max 15 points)
- ___ Faculty Member at a HPC Training Program (max 20 points)
- ___ HPC Educational Activities (max 40 points)
- ___ HPC Mentoring Opportunities (max 30 points)

___ Lectured about HPC to Professionals (max 10 points)

___ Educational, Foundational or Career Grants (max 10 points)

___ Teaching Awards and Honors (max 10 points)

___ **Section III: Training and Workforce Development Total Points** (max 155 points)

Section IV: Public Service

- 1. List participation in charitable medical services or humanitarian (medical or research) missions outside your regular practice or volunteer services you have performed, related to Hospice and Palliative Care.**(e.g., humanitarian missions, free clinic, health care to homeless, etc.) (2 point per 8 hours, maximum 16 points)

	Facility	Activity	Location	Month/Year	Number of 8 hour sessions
1					
2					
3					
4					
5					
6					
7					
8					

- 2. List any performed public relations activities that explain the specialty of Hospice and Palliative Care to the public** (e.g., lectures to civic groups, public service announcements, radio or TV appearances, hosted/co-hosted events, or fundraisers, etc.). (2 points per activity, maximum 16 points)

	Activity	Group	Location	Month/Year
1				
2				
3				
4				
5				
6				
7				
8				

- 3. List any Hospice and Palliative Care educational activities you've participated in outside of your organization to educate the community** (e.g., health fairs, writing for lay publications, media activities, training for paramedics, EMT, etc.). (2 points per activity, maximum 10 points)

	Activity	Group/Publication	Year
1			
2			
3			
4			

5			
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Please list your total point score for Section IV: Public Service

___ Participation in Charitable Services (max 16 points)

___ Public Relations Activities (max 16 points)

___ Public Education Activities (max 10 points)

___ **Section IV: Public Service Total Points** (max 42 points)

Section V: Organizational Leadership

1. **List where and when you served in an administrative position.** (4 points per year of service, maximum 20 points)

	Institution/Facility/Organization	Year
1		
2		
3		
4		
5		

2. **List information pertaining to positions held in external (non AAHPM) organizations and provide information on how this position has advanced the field of Hospice and Palliative Care.** *An example is serving as a board member or chair of a committee for a professional society other than AAHPM. This may also include leadership positions within your organization, Ethics Committee Chair, Hospital department chair, Cancer Committee Chair or Representative.* (3 points per year of service, maximum 15 points)

	Position	Hospital/Organization	Rationale	Year
1				
2				
3				
4				
5				

Please list your total point score for Section V: Organizational Leadership

___ Positions in Leadership within Institution (max 20 points)

___ Positions in Leadership in External Organizations (max 15 points)

___ **Section V: Organizational Leadership Total Points** (max 35 points)

Section VI: Service of Subspecialty

1. List any advocacy services you have performed in or been involved in pertaining to the subspecialty (any county, state or national). (4 points per activity, maximum 24 points)

	Advocacy Service	Date
1		
2		
3		
4		
5		
6		

2. List if you have served as a delegate/alternate in the AMA or AOA or served in volunteer leadership positions for your state or county medical society. (2 points per year of service, maximum 8 points)

	Position	Organization	Year
1			
2			
3			
4			

3. List any office positions held within AAHPM (e.g., service as Member at Large of the Board of Directors, Strategic Coordinating Committee Chair, Academy Committee Chair). (5 points per year in office, maximum 25 points).

	Position	Year
1		
2		
3		
4		
5		

4. List the AAHPM Community Leadership positions you have held (Council Leadership or SIG/Forum Chair, Chair-Elect, Past Chair). (3 points per year, maximum 15 points)

	AAHPM Group	Position	Year
1			
2			
3			
4			
5			

5. List the AAHPM committees/tasks forces/work group/communities (SIGs, Forums, Councils) you have been/are a member of. (2 points per year, maximum 10 points)

	AAHPM Group	Year
1		

2		
3		
4		

6. List any service on an AAHPM publication (e.g., service on AAHPM editorial board, PC-FACS editorial board, AAHPM Quarterly editorial board, JPSM). (2 point per publication, max 8 points)

	Publication	Position	Year
1			
2			
3			
4			

7. List any service on a non AAHPM editorial board for a medical publication or reviewer for any medical journal related to Hospice and Palliative Care. (1 point per publication, max 4 points)

	Publication	Position	Year
1			
2			
3			
4			

8. List if you were a recipient of a hospice or palliative care award given by an organization or health care system within Hospice or Palliative Care. (3 points per award, maximum 6 points)

	Award	Organization Presenting Award	Year Received
1			
2			

Please list your total point score for Section VI: Service of Subspecialty

- ___ Advocacy Service (max 24 points)
- ___ Positions Held within State/County Organizations (max 8 points)
- ___ Office Held within AAHPM (max 25 points)
- ___ Chair of AAHPM Community(Council, SIGs, Forums) (max 15 points)
- ___ Member of AAHPM Committees/Task Forces/Work Groups/Community (max 10 points)
- ___ Service to AAHPM Publications (max 8 points)
- ___ Service to External HPC Publications (max 4 points)

___ Recipient of a Hospice or Palliative Medicine Award (max 6 points)

___ **Section VI: Service of Subspecialty Total Points** (max 90 points)

FAAHPM Application Total Point Count

An applicant must reach a minimum of 130 points in order to be considered as a Fellow of the Academy, in addition to the other requirements listed on the first page.

___ **Section I: Academic Training and CE Total Points** (max 32 points)

___ **Section II: Publishing and Research Total Points** (max 83 points)

___ **Section III: Training and Workforce Development Total Points** (max 155 points)

___ **Section IV: Public Service Total Points** (max 42 points)

___ **Section IV: Organizational Leadership Total Points** (max 35 points)

___ **Section VI: Service of Subspecialty Total Points** (max 100 points)

___ **Total Points** (max 447 points)

Fellow Status Processing Fee

The non-refundable fee for processing the fellow status application is \$350, please pay by check, or contact AAHPM Member Services at 847-375-4712 if you wish to pay by credit card.

Please make check payable to AAHPM and mail to:

AAHPM - Fellow Status Application

c/o Isa Medina

P.O. Box 88019

Chicago, IL 60680-8019

All applications will be reviewed upon receipt of payment.

If you have any questions, please contact Isa Medina at Imedina@aahpm.org.

Certification

I certify that the information I provided in this application accurately represents my professional status and experience. If granted Fellow status, I understand that I must maintain my membership in the American Academy of Hospice and Palliative Medicine to maintain my FAAHPM. Further, I recognize that any information on this application that is falsified may lead to the revocation of my Fellow status.

Name:

Date:

SAMPLE