



Fellow of the Obesity Medicine Association Application

CLINICAL LEADERS IN OBESITY MEDICINE®

Thank you for your interest in becoming a Fellow of the Obesity Medicine Association (OMA).

Member Information

First Name _____ Middle Name/Initial _____ Last Name _____

Fellow Application Requirements

Candidates must meet *ALL* of the following requirements:

- Current Physician, Nurse Practitioner, Physician Assistant, or Retired Member of OMA?** Yes No
- Member of OMA for at least 5 years?** Yes No
- Earned at least 75 CME hours through OMA in the last 5 years?** Yes No
- Actively involved in at least one OMA or OTF committee or task force for at least 2 years?** Yes No
Which committee(s)? _____

Candidates must meet at least *TWO* of the following requirements:

- Current Diplomate of the American Board of Obesity Medicine?** Yes No
- Earned the NP/PA Certificate of Advanced Education in Obesity Medicine?** Yes No
- Served as a mentor in the OMA mentorship program?** Yes No
- Received written letters of recommendation from two OMA Board Members?** Yes No
Please attach letters of recommendation with your application
- Presented at an OMA conference?** Yes No
- Served as a chairperson on an OMA committee?** Yes No
Which committee(s)? _____

Fellow Designation Maintenance

Those who have been awarded the Fellow designation (FOMA) must meet the following requirements to maintain the designation:

- Current member of OMA in good standing**

Payment Information

In order to apply for the Fellow of the Obesity Medicine Association (FOMA) designation, there is a one-time, non-refundable application fee of \$250.

Form of Payment:

- Check Enclosed – U.S. funds only and make payable to *Obesity Medicine Association*
- Credit Card:

Credit Card Number _____ Expiration Date ____/____ Cardholder's Name _____
For security purposes, do not submit your application via email if it includes credit card information.

Applicant Statement

I have answered the above questions fully and frankly to the best of my knowledge. I agree to uphold the requirements to maintain my status as a Fellow of the Obesity Medicine Association.

Signature _____ Date _____

How to Submit

Please return this application and any required attachments to OMA.

MAIL: 7173 S Havana St # 600-130 | Centennial, CO 80112 | **FAX:** 303.779.4834 | **EMAIL:** info@obesitymedicine.org

Thank you for your application. OMA will confirm receipt of applications, at which time payment will be processed. Applicants will be notified of their status within four weeks. Approved applicants will be recognized and honored annually at the Fall Conference. Submitting an application does not guarantee fellow status.