



Application for Ramon Ruiz Traveling Fellowship

Name: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Primary Affiliation: _____

Title at Primary Affiliation: _____

Membership status in AACMFS: Fellow Post Graduate

Name of Institution to be visited: _____

Location of Institution: _____

Name of Physician Responsible for Fellowship: _____

Date of Planned Visit: _____

Has the planned visit been confirmed: YES NO

Goals and Objectives of the Experience

1. _____

2. _____

3. _____

Please send the following with the above application.

- Letter of application (1-2 pages describing why you should be considered for the award).
- Letters of recommendation from two current fellows of AACMFS (1 page each).
- Letter from supporting destination institution (1 page).
- Letter of support from current “home” organization leader (1 page).
- Current curriculum vitae.

DEADLINE: August 1, 2024

Please send your application and documentation to Melissa Connor at mconnor@pami.org.