



## 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: April 1**

Please send your application and documentation to Melissa Connor at [mconnor@pami.org](mailto:mconnor@pami.org).