Society of Correctional Physicians

Application for Fellowship

Read all instructions before completing this form. All information in this document will be treated as confidential. For assistance, call 800-229-7380. Please type or print.

Name and Mailing Address

_____

Last First MI

_____

Street Choose one: ☐ home / ☐ business

_____

City State Zip

Daytime Phone (_____)_____ E-mail address _____

Please provide any other surname that you use or have used professionally: _____

Medical Education

Name of Medical School: _____ Year Graduated: ____ Degree earned: _____

City: _____ State/Province: _____ Country _____

Current Employment

Present Position/Title: _____

Name of Employer: _____

Address of Employer: _____

Instructions for Submitting the Application

The completed application must be assembled in a binder with individual tabs for each section. This page should appear as the first page of the application. Each of the following pages should be used as the first page of each tab.

You may choose to type or print your responses in the space provided on the application, or you may recreate the form on a word processor.

A completed application for SCP Fellowship includes the completed application, two letters of recommendation mailed directly to the SCP Fellowship Committee, and a check for the $50 non-refundable application fee. Upon election to fellowship, a one-time initiation fee of $250 will be assessed. As this is an honorary title recognizing a person's contribution to the field and because these contributions do not diminish with time, the distinction of Fellow is valid so long as the individual's membership in the Society remains current.

Element 1: PRACTICE OF CORRECTIONAL MEDICINE Tab 1

Criteria: At the time of application, the candidate must be actively involved in correctional medicine, including direct patient care or administration, for remuneration or on a volunteer bais. A candidate should document at least 3 years of full-time correctional medicine experience or 6,000 practice hours in correctional medicine, cumulatively, over a 6-year period. Additional consideration will be given for additional years or hours.

A. Correctional Medicine Experience. List and document work experience in correctional health care. Provide years, place and title. List most recent experience first.

B. Correctional Medicine Practice Hours. List and document practice hours in correctional health care. Provide years, place and title. List most recent hours first.

Element 2: BOARD CERTIFICATION Tab 2

Criteria: The candidate must be board certified in an applicable field (e.g., internal medicine, family practice, pediatrics, psychiatry, emergency medicine, surgery) that is recognized by the American Board of Medical Specialties. On a case-by-case basis, individuals who completed their training before 1985 and are board eligible may be grandparented in the program until the year 2010.

A. Residency. Provide name of institution, city, state/province, country, and inclusive dates.

_____

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B. Fellowship. Provide name of institution, city, state/province, country, and inclusive dates.

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C. Board Certification

Are you board certified? ☐ Yes / ☐ No

If yes, what is your specialty/subspecialty? _____

_____

Criteria: A candidate shall document CME hours earned during the previous 3-year period, with a portion of these hours (at least 30) in corrections-related or SCP-approved courses. Additional consideration will be give for additional hours.

A. List and document non-correctional CME activities from the past 3 years, including name of the activity, sponsoring organization, date and number of hours earned.

B. List and document corrections-specific CME activities from the past 3 years, including name of the activity, sponsoring organization, date and number of hours earned.

Element 4: CORRECTIONAL MEDICINE ACTIVITIES Tab 4

Criteria: A candidate must document participation in at least four of the activities listed below, demonstrating a commitment to correctional medicine.

- Publication of an article relating to correctional health in a journal.
- Presentation at a correctional medicine meeting, other national or regional meeting, or to peers regarding correctional medicine.
- Teaching related to correctional medicine at the graduate level (e.g., college students, medical students, residents, fellows).
- Participation in the development of programs or standards beyond the scope of current employment (e.g., CQI programs or practice standards, participation in statewide coordination programs).
- Surveyor or consultant with NCCHC, ACA, JCAHO, etc.
- Acting as a Court Monitor for a correctional facility or department.
- Significant correctional health care administrative duties, e.g., medical director, assistant medical director, regional medical director.
- Position of leadership in a nationally recognized medical organization.
- Federal, state or local correctional health care political activism.
- Certified Correctional Health Professionals (CCHP) certification.
- Significant participation and contributions to the Society, e.g., committee membership, Board membership.
- Other demonstrations of dedication and commitment to the specialty, decided on a case-by-case by the Fellowship Committee.

List and document all activities that demonstrate dedication and commitment to correctional medicine.

Criteria: A candidate must have at least 2 years membership in the Society with active participation, e.g., attending conferences, participation on a committee, contribution to CorrDocs.

A. Provide year of initial membership _____

B. Provide number of years of active membership _____

C. List any elected or appointed positions held in the Society of Correctional Physicians.

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D. List any other contributions to the Society of Correctional Physicians.

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Element 6: MEDICAL LICENSURE

Criteria: A candidate must demonstrate that he or she has an active medical license in good standing which has never been restricted or revoked.

A. Provide a list and copies of current, active medical licenses, including license number, state, and expiration date.

_____

_____

B. Provide a list and copies of all other certifications or licensure.

_____

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C. Has your license ever been restricted or revoked? ☐ Yes / ☐ No

If yes, explain: _____

_____

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Element 7: LETTERS OF RECOMMENDATION

Two letters of recommendation, written by members of the Society (at least one of which is from a current Fellow, current board member or past board member), must be submitted directly to the SCP Fellowship Committee at the address below. These letters should contain:

- A description of the professional relationship with the applicant.
- The length of time the person has known the applicant.
- A characterization of the applicant's professionalism, experience and capabilities.
- Any other special achievements or information that the committee should consider.

Application Statement

I hereby certify that my Society of Correctional Physicians Fellowship application as submitted is true and correct.

_____ _____

Signature Date

Return by traceable mail service to:
Society of Correctional Physicians
1145 W Diversey Pkwy
Chicago, IL 60614-1318
Fax: 773-880-2424