

Application for Designation as a

Fellow of the American Academy of Clinical Toxicology (FAACT)

# APPLICATION INSTRUCTIONS – PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION:

1. Complete all sections of the application and place N/A on lines which are not applicable to your application. The application must be a stand-alone document; do not use “see CV” or refer the reviewers to other documents in the application. Incomplete applications cannot be reviewed by the Committee and will be returned to the applicant. Sign and save the application form as a pdf document.

2. Identify and provide contact information for AACT fellows and members who will provide the letter of nomination and two letters of recommendation. Such letters must verify your service to AACT and your contributions to the field of clinical toxicology. It is up to the applicant to make sure letters are received by the application deadline. Letters must be signed, saved as pdf files, and sent to the Committee Chair at the email address below.

3. Make sure to include a complete current *Curriculum Vitae* in pdf format

4. The completed application form, along with pdf copies of your CV, letter of nominarion and to letters of recommendation, to:

Christine Stork, PharmD, DABAT, FAACT

Upstate New York Poison Center  
SUNY Upstate Medical University

storkc@upstate.edu

**All material, including letters of recommendation, must be received by *June 1* in order to be considered for the ceremony at the Annual NACCT Meeting.**

**Applicant Name:**

### Letters of Recommendation – please identify references

Nomination Letter from an AACT Fellow:

Name:

Email:

Telephone:

Letter of Recommendation from an AACT Fellow:

Name:

Email:

Telephone:

**Letter of Recommendation from an AACT Fellow or Member:**

Name:

Email:

Telephone:

## Applicant Name:

## Preferred Address: Business Home

**Current Position:**

Title:

Institution:

Street Address:

City/State/Zip Code:

Phone:

Fax:

E-Mail:

**Home:**

Street Address:

City/State/Zip Code:

Phone:

Fax:

E-Mail:

First year of membership in AACT:

List all years of AACT membership:

## Applicant Name:

# A. Service to AACT Core Functions

1. AACT Board of Trustees: Y  N

If Yes, give dates of term:

AACT President? If Yes, give dates of term:

2. AACT Committee chair: Y  N

List name(s) of committees and dates of service:      

3. AACT Committee member: Y  N

List name(s) of committees and dates of service:      

Describe your contribution(s) to each committee:

4. ABAT President: Y  N  If yes, dates of term:

5. ABAT Board member: Y  N  If yes, dates of term(s):

6. ABAT Committee chair: Y  N

List name(s) of committees and dates of service:

7. ABAT Committee member: Y  N

Describe your contribution(s) to each committee:

8. AACT SIG chair: Y  N

List name of SIG(s) and dates of service:      

9. AACT SIG member: Y  N

Describe your dates of membership and contribution(s) to each SIG:

10. AACTion Newsletter Editor: Y  N

If Yes, provide specific date(s) of service:

11. AACTion Newsletter editorial staff: Y  N

If Yes, provide specific duties and date(s) of service:

12. AACT Pre-Meeting Symposium chair or organizer: Y  N

If Yes, provide name and date(s) of each symposium:

13. AACT Pre-Meeting Symposium speaker: Y  N

If Yes, provide name and date(s) of each lecture or presentation:

14. AACT Symposium (during NACCT) chair or organizer: Y  N

If Yes, provide name and date(s) of each symposium:

15. AACT Symposium (during NACCT) speaker: Y  N

If Yes, provide name and date(s) of each lecture or presentation:

16. NACCT Abstract Committee chair: Y  N

If Yes, list each year served:

17. NACCT Abstract reviewer: Y  N

If Yes, list each year served:

18. List service to EAPCC Boards or Committees, including position(s), date(s) of service, and description of your contributions to each committee.

     

19. EAPCCT invited speaker: Y  N

If Yes, provide name and date(s) of each lecture or presentation:

20. Journal of Toxicology-Clinical Toxicology Participation

a) Editor: Y  N  If yes: list dates of service:

     

a) Editorial Board member: Y  N  If yes: list dates of service:

b) Reviewer: Y  N  List each year served as a reviewer:

     

21. Describe other service to AACT. Be specific, including date(s) of service.

     

**B. Service to field of Clinical Toxicology**

NACCT Participation

a) Symposia – list names and dates of any participation in ACMT, AAPCC, EAPCCT or other symposium associated with NACCT:

b) List dates and titles of all platform and poster presentations.

     

c) NACCT, EAPCCT or other clinical toxicology meeting attendance: List name of meeting and each year attended.

     

Describe your participation in each of the activities listed below:

1. Teaching
   1. Academic appointments – list all

* 1. Toxicology fellowship director

* 1. Toxicology fellowship participation

* 1. Residency (housestaff) and student education in toxicology

* 1. Didactic toxicology lectures provided

* 1. Teaching award(s) received

1. Scholarship: include only toxicology–related activities
   1. Publications in Clinical Toxicology (OTHER THAN NACCT PRESENTIONS LISTED ABOVE)

* 1. Other Peer-reviewed and other publications

* 1. Textbook chapters

* 1. Meeting abstracts and presentations

* 1. Grants related to clinical toxicology

* 1. Completion of clinical/medical toxicology fellowship

* 1. Board certification in clinical or medical toxicology

If yes, give name of board and dates certified and recertified:

1. Service – please describe in detail
   1. Poison center director or medical director

* 1. Other poison center contributions

* 1. AAPCC, ACMT, SOT or other toxicology organization participation

* 1. Toxicology-oriented activities related to other organizations (e.g., ACEP, AAP, etc.)

     

* 1. Community – based or local government activities

     

* 1. Toxicology-related service to local, state or federal government

* 1. Editorial board, reviewer, or other service to journals **other than** ***Clinical Toxicology*** that publish articles related to toxicology

     

1. Clinical Practice – briefly describe
   1. Active toxicology practice for four or more years Y  N

     

5**.**  Please describe any otheractivities or service in the field of clinical toxicology not described already.

*I certify to the best of my knowledge that I have met all of the criteria for* ***F****ellow designation in the* ***A****merican* ***A****cademy of* ***C****linical* ***T****oxicology and I verify that the information contained in this application is accurate:*

#### Signature:                 Date: