APPLICATION

Designation of Distinguished Fellow of the American College of Osteopathic Surgeons (DFACOS)

2027 Application Cycle · Deadline: November 16, 2026

American College of Osteopathic Surgeons
1680 Duke Street, Suite 500 · Alexandria, VA 22314
Tel: (800) 888-1312 · Email: membership@facos.org · www.facos.org

DFACOS

INSTRUCTIONS

The application is to be accompanied by (1) a current *curriculum vitae* (2) three letters of recommendation (3) a personal statement (4) a check made payable to ACOS for the $650 application fee. This fee covers the expense for review and processing of the application and is non-refundable. The completed application and all required materials must be received by the ACOS no later than **November 16, 2026** to be considered in the 2027 application cycle. Incomplete applications will be returned.

For your application to be eligible for approval, the Membership Committee must determine that you have earned a total of 300 points overall, based on the *DFACOS Application Process and Professional Activities Rating Guide*, having: 1) fulfilled a minimum 100 points in Category I; and 2) demonstrated activity in both Categories II and III. Please refer to the *DFACOS Professional Activities Rating Guide* for points and activity details. Enter the number of points earned for each activity in the right-hand column labeled "Points." If additional space is required, attach a separate sheet to provide supplemental information.

CONTACT INFORMATION

Name	First	Middle	Last	**Work Number**	
Mailing Address	☐ Work ☐ Home — indicate type of address provided			**Mobile Number**	
Street Address				**Home Number**	
City / State / ZIP	City	State	ZIP	**Fax Number**	
Email Address					

PROFESSIONAL INFORMATION

Social Security #		**Birth Date**	Month Day Year
Primary Surgical Specialty		**Gender**	☐ Male ☐ Female Required for National Practitioner Data Bank (NPDB) queries
***Year Earned FACOS Designation**		**Year Graduated**	
Institution Name of Your Last Residency Training			

***Applicants for the DFACOS must have been a Fellow of the ACOS (FACOS) for 10 years or more.**

LICENSURE

Has your license ever been revoked, restricted, suspended, or placed on probation through governmental direction or voluntary surrender? ☐ **YES** ☐ **NO** *If you answered YES, please attach an explanation to this application.*	**State License #**	
	State Issued	

CATEGORY I — National, AOA, and ACOS Appointments

Must fulfill a minimum 100 points in this Category I.

BOARD CERTIFICATION / RE-CERTIFICATION

Name of AOA or ABMS Certifying Board	Year of Certification	Certificate #	Points

ACOS MEMBERSHIP

	Year Joined	Number of Years	Points
Resident Member			
Full (Active) Member			
Total Years of Membership = Total Points			

MEETING ATTENDANCE — List attendance at the Annual Clinical Assembly (ACA), ACOS In-Depth Review (IDR), and Urological Discipline Mid-year (URO) conferences (must have registered for the conference).

#	Meeting	Year	Points	#	Meeting	Year	Points
1)				11)			
2)				12)			
3)				13)			
4)				14)			
5)				15)			
6)				16)			
7)				17)			
8)				18)			
9)				19)			
10)				20)			

ACOS COMMITTEES

Committee	Position (chair, member, etc.)	Dates	Points

MEMBER RECRUITMENT — List physicians whom you have recruited as ACOS resident members and/or full members (you must have endorsed the application).

Name	Membership Year	Points

Please provide supplemental information by attaching a separate sheet.

PROGRAM CHAIR FOR ACOS MEETINGS (In-Depth Review, Urological Discipline Mid-year, Annual Clinical Assembly)

Organization	Meeting / Subject	Dates	Points

ACOS RESIDENT SECTION GOVERNING COUNCIL

Committee	Position (chair, officer)	Dates	Points

ACOS DISCIPLINE OFFICER

Discipline	Position (chair, officer)	Dates	Points

ACOS AWARDS — Resident Achievement Award, Robert C. Erwin Literary Award, and/or Humanitarian Award only

Award	Year Received	Points

CERTIFICATION EXAMINER (AOA certifying boards — specify clinical or oral examiner)

Certifying Board	Clinical / Oral	Dates	Points

AOA COMMITTEES, DELEGATIONS, ETC.

Activity	Position (chair, member, etc.)	Dates	Points

MEMBER OF AN AOA CERTIFYING BOARD

Certifying Board	Specialty	Dates	Points

MEMBER OF NBOME LEVEL I, LEVEL II, OR LEVEL III COMLEX-USA CONSTRUCTION COMMITTEE

Committee Name	Position (chair, member, etc.)	Dates	Points

Please provide supplemental information by attaching a separate sheet.

CATEGORY II — Educational

Must demonstrate activity in this Category.

LECTURES — List lectures at national, state, local and international meetings (must be AOA or ACCME accredited).

Subject / Title	Meeting	Dates	Points

FACULTY APPOINTMENTS — Indicate position as full-time, part-time, adjunct, or non-faculty preceptor.

Institution	Position	Dates	Points

ACOS STUDENT OUTREACH — visit to college of osteopathic medicine

Institution	Dates	Points

MENTORING (ACOS Mentor Match Program)

Name of Mentee	Student / Resident	Dates	Points

RESEARCH PROJECTS (with article submitted for publication)

Subject	Publication	Points

SCIENTIFIC DISPLAYS AND POSTER SESSIONS AT ACA MEETING (primary exhibitor only)

Subject / Title	Meeting	Dates	Points

SCIENTIFIC DISPLAYS AND POSTER SESSIONS AT CME MEETING OTHER THAN ACA (primary exhibitor only)

Subject / Title	Meeting	Dates	Points

AUTHORSHIPS — ARTICLES / TEXTS

Specify whether primary or contributing author and whether the article/text is included in *PubMed*.

Title / Publication	Primary or Contributor	Date Published	Points

SUBMISSION OF TEST ITEMS

List test items prepared and submitted for use in AOA certifying board written/oral exams, re-certification exams or the ACOS General Surgery In-Service exam. You must attach verification of the test item from the appropriate certifying board or from the ACOS General Surgery In-Service Exam Committee.

Subject	Specify Certifying Board or In-Service Exam	Dates	Points

RESIDENCY TRAINING PROGRAM ACTIVITIES

Program Director of an AOA-approved or ACGME-approved residency program

Training Institution	Specialty	Dates	Points

Participating trainer of an AOA-approved or ACGME-approved residency program (including internship training)

Training Institution	Specialty	Dates	Points

Development of electronic teaching aids

Description / Type of Teaching Aid	Points

Please provide supplemental information by attaching a separate sheet.

CATEGORY III — State and Local Contributions / Appointments

Must demonstrate activity in this Category.

FEDERAL GOVERNMENT — US MILITARY SERVICE

Branch of Service	Rank / Grade	Dates	Points

HOSPITAL APPOINTMENTS / COMMITTEES

You must complete the endorsements section on page 7 for every appointment and/or committee activity listed here, or attach a separate letter of endorsement/verification.

Name of Hospital (city, state)	Staff Position / Activity	Dates	Points

DEMONSTRATED COMMUNITY ACTIVITY SERVICE — List community activities and services, such as paramedic education, student pre-medical education, cancer society, speaker to a non-medical group, school board, etc.

Organization and Location	Activity / Position	Dates	Points

HUMANITARIAN EFFORTS — List humanitarian service within your medical specialty to underserved areas or countries.

Organization & Description of Volunteer Service	Location	Dates	Points

PROGRAM CHAIR OF AOA OR ACCME ACCREDITED CME CONFERENCE

Organization and Conference	Subject	Dates	Points

MEMBER OF A STATE MEDICAL LICENSING BOARD

Licensing Board	Position	Dates	Points

MEMBER OF AN AREA WIDE HEALTH PLANNING ORGANIZATION

Name of HPO	Position	Dates	Points

APPOINTMENTS TO STATE / COUNTY HEALTH COMMISSIONS OR BOARD

Name of Commission / Board	Position	Dates	Points

MEMBER OF COLLEGE / MEDICAL SCHOOL GOVERNING BOARD OR ALUMNI BOARD

Name of College / Medical School (city, state)	Position	Dates	Points

TRUSTEE / OFFICER — List positions held for local, county or state osteopathic / allopathic organizations.

Organization	Position	Dates	Points

ENDORSEMENTS

All applicants are required to submit an endorsement from **each** hospital medical staff administrator or department, verifying their participation on hospital committees as listed on page 6 of this application, for *Category III — State and Local Contributions / Appointments, Hospital Appointments / Committees*. A separate sheet may be attached for additional endorsements, or a separate letter may be submitted from the hospital in lieu of completing this endorsement section.

This is to certify that the applicant is or was a member of the medical staff of this hospital and has participated on the hospital committees and held the positions as listed on page 6 of this form, under *Category III — State and Local Contributions / Appointments, Hospital Appointments / Committees*.

Name of Hospital			
Signature and Title of Person Verifying *Print for signature*			
Date Verified		**Contact Tel. Number**	

Name of Hospital			
Signature and Title of Person Verifying *Print for signature*			
Date Verified		**Contact Tel. Number**	

Name of Hospital			
Signature and Title of Person Verifying *Print for signature*			
Date Verified		**Contact Tel. Number**	

RECOMMENDATION LETTERS

All applicants are required to have **three letters of recommendation**. Letters must be received by the November 16, 2026 application deadline.

List the names of three persons who will be submitting letters of recommendation: One recommendation letter shall come from a member of the ACOS who has been a Fellow (FACOS) for at least 5 years; and two recommendation letters may come from persons (D.O. or M.D.) who can vouch for the skills, achievements and character of the applicant.	**For Office Use Only — Date Letters Received**
1)	
2)	
3)	

— You must sign page 8 of this application —

PROFESSIONAL AND ETHICAL CONDUCT

Members of the ACOS must abide by the ACOS Code of Ethics. To assist us in upholding these standards, please provide the answers to the following questions.

1. Has your request for any type of medical staff privileges ever been denied?	☐ **YES** ☐ **NO**
2. Have your medical staff privileges ever been reduced, confined, suspended, or terminated?	☐ **YES** ☐ **NO**
3. Has your license to practice ever been limited, suspended, or revoked?	☐ **YES** ☐ **NO**
4. Have you ever been convicted of fraud or a felony offense?	☐ **YES** ☐ **NO**
5. Has a hospital ever requested that you resign your medical staff privileges?	☐ **YES** ☐ **NO**
6. Are there any actions pending against you that would adversely affect your hospital privileges or medical staff status or state or local license?	☐ **YES** ☐ **NO**
7. Are there any other actions pending against you that would be prejudicial to the interests of the DFACOS designation?	☐ **YES** ☐ **NO**

If you answered yes to any of these questions, please attach an explanation.

Notice: The Health Care Quality Improvement Act (42 U.S.C. Section 11101, *et seq.*) requires professional societies to report certain professional review actions that adversely affect membership in the ACOS to the National Practitioner Data Bank (NPDB).

RELEASE AUTHORIZATION

In furtherance of my application for the designation Distinguished Fellow in the American College of Osteopathic Surgeons (ACOS), I request and authorize any hospital and/or medical staff where I now have, have had, or have applied for medical staff privileges, and any organization of which I am a member or to which I have applied for membership, and any person who may have information, records, or documents which are deemed necessary by the ACOS to evaluate my eligibility for the designation Distinguished Fellow in the ACOS to provide such information to representatives of the ACOS. I agree that communications of any nature made to the ACOS regarding my qualifications for the designation Distinguished Fellow in the ACOS may be made in confidence and shall not be made available to me under any circumstances.

I release any hospital, medical staff, organization, or person, and the ACOS and its representatives from any liability for acts performed or communications, reports, recommendations, or disclosures made, requested, or received in good faith and without malice in connection with provision, collection, or evaluation of information or opinions bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, ethics, behavior, or any other matter, whether or not requested, in connection with my application for the designation Distinguished Fellow in the ACOS.

I pledge to hold the ACOS and its representatives harmless and agree to pay any attorney's fees and defense costs incurred by the ACOS for defending a lawsuit for damages or declaratory or other equitable relief in connection with the DFACOS application.

I certify that the statements made by me in this application are true to the best of my knowledge and belief; and that I shall give every possible aid to the ACOS in its investigation of my qualifications as a surgeon.

I declare that I have read the Code of Ethics of the ACOS.

I understand the DFACOS application, DFACOS application process, and Professional Activities Rating Guide shall not be deemed a contract between me and the ACOS.

I understand that the Distinguished FACOS designation is an honor and that the Membership Committee, in its discretion, may consider other criteria in addition to the stated eligibility requirements.

I pledge that, if I become a Distinguished Fellow in the ACOS, I shall continue to abide by and uphold the Bylaws and the Code of Ethics of the ACOS.

I further pledge that, if honored by bestowal of the designation Distinguished Fellow in the ACOS, any violation of ethical conduct on my part relating to hospital procedures or surgical practice shall be deemed cause for suspension or revocation of my membership in the ACOS and withdrawal of the designation Distinguished Fellow in the ACOS.

Applicant Signature	**Date**

Print and sign upon completion or submit electronic signature. A signature is required.

To receive a copy of the ACOS Bylaws, please visit www.facos.org or call the ACOS at (800) 888-1312.

DFACOS APPLICATION CHECKLIST

- ☐ Include curriculum vitae
- ☐ Include three letters of recommendation
- ☐ Include personal statement
- ☐ Include hospital endorsement, if applicable, on page 7
- ☐ Include $650 application fee
- ☐ Sign application on page 8

Revised August 2026 · 2027 Application Cycle

Please provide supplemental information by attaching a separate sheet.