



Fellow of iaedp
Status Nomination Application

Please indicate the source of the nomination:

iaedp Member: _____

iaedp Board/Awards Committee Member: _____

Contact Information:

Name: _____

Address: _____

Phone numbers: Home _____ Work _____ Cell _____

FAX: _____ Email address: _____

Fees: \$50 application and processing fee made payable to iaedp paid by the nominee.
 \$200 (one time) fee due upon approval of application paid by the Fellow.
 \$25 annual records maintenance fee paid by the Fellow.

Fees are non-refundable

Please note that the nominee must possess the following in order to be considered:

- 10 years membership in iaedp
- 15 years continuous practice in the field of eating disorders
- Current professional licensure and membership in iaedp
- Signed ethics attestation (to be sent to candidate prior to award)
- Resume (will be requested from candidate prior to award)
- Significant contributions to iaedp and the eating disorders field such as writings; research; teaching; presentations; iaedp committees, projects, chapter development and involvement; innovative projects in the community and iaedp

1. State your affiliation with iaedp.
2. State the nominee's name and his/her affiliation with iaedp.
3. Address the nature of your relationship with the nominee including the length of time you've known him/her.
4. State the individual's professional accomplishments and personal achievements entitling him/her the Fellow of iaedp status. Use additional pages as necessary.
5. Please include any other pertinent information to support your nomination of this candidate.

Signature _____ Date _____