



**Fellow of the Academy of Wilderness Medicine™ Disclaimer**

**Name (Please Print)** \_\_\_\_\_

Consistent with Academy principles, the WMS does not vouch for the competency of any individual listed in the registry. The Academy's role is limited to documenting and verifying that individuals in the registry have met the educational criteria established by the Academy. Documented education and/or experience should not be used to verify or validate an individual's competency to perform any specific task or skill.

I have read and agree to the Professional Conduct Statement and understand that the Director of the Academy of Wilderness Medicine™ will review and make final approval of all applicants to the candidacy of Fellow of the Academy of Wilderness Medicine™. Appeals will be made in writing to the Academy Director. If not able to be resolved, these will be reviewed by the WMS Executive Committee with final decision authority resting with the WMS President.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Fax to: (801)990-2987 or email: [Teri@wms.org](mailto:Teri@wms.org).**