**Omega Beta Iota**

National Osteopathic Political Honor Society



*OFFICIAL STUDENT APPLICATION 2024*

#### Applicant Advice

#### Membership within Omega Beta Iota is based strictly on an applicant successfully demonstrating their osteopathic political experience through the completion of several requirements. The more involved an applicant is, the greater their chances are of being inducted. Ultimately, it is up to the discretion of the National Board if an individual meets the criteria for induction into Omega Beta Iota.

**APPLICANT INFORMATION**

**Applicant Name:**

**AOA ID:**

**Address (*Street, City, State, and Zip Code*):**

**Phone Number:**

**Email address:**

**Osteopathic School:**

**Anticipated Graduation Date:**

#### Category 1: ALL of the following criteria are required for induction into Omega Beta Iota

**(Complete ALL Below)**

**\_\_\_\_\_\_ Membership in the American Osteopathic Association (AOA)**

- Verification of membership in good standing shall occur in one of the following manners: by submission of a copy of the applicant’s current AOA membership card, or by supplying the AOA identification number only, which shall be confirmed by the national AOA membership roster.

**\_\_\_\_\_\_ Successful completion of a minimum of one semester of medical school**

- OMS-I may qualify for induction only after successfully completing one semester of coursework. Verification of this shall occur via the submission of an official transcript, *if deemed necessary.*

**\_\_\_\_\_\_ Submission of a completed, official ΩΒΙ application prior to the determined deadline**

**Category 2: MEMBERSHIPS & LEADERSHIP POSITIONS**

***NOTE: It is the responsibility of the applicant to supply verification of membership as specified in each item below. Include verification for all of the following that apply to you.***

**(Complete ALL that apply to you; must meet minimum of 1 criteria)**

**\_\_\_\_\_\_ Membership in the Student Osteopathic Medical Association (SOMA)**

- Verification of membership in good standing shall occur in the following manner: the President or NLO of the applicant’s local SOMA chapter shall supply a letter attesting to the applicant’s membership and level of participation in the local SOMA chapter, where appropriate; additionally, applicant membership within SOMA will be confirmed by the national SOMA membership roster. If you are President or NLO, have your other executive board member draft your letter.

**\_\_\_\_\_\_ Membership in your respective State Osteopathic Medical Association (i.e. if the applicant goes to school in Florida, the applicant should be a member of FOMA)**

- Verification of membership in good standing shall occur in the following manner: the chapter president of the applicant’s state osteopathic association shall supply a letter attesting to the applicant’s membership and level of participation.

**\_\_\_\_\_\_ Participation in American Association of Colleges of Osteopathic Medicine (AACOM) “Ed to Med” national grassroots advocacy campaign as a Student Ambassador**

- Verification of participation shall occur in the following manner: submission of registration and/or activity. Confirmation will occur through the AACOM Government Relations Team.

**\_\_\_\_\_\_ Leadership role in Student Government Association (e.g. President or VP for COSGP/SGA)**

- Verification shall occur by a letter from the SGA president or chair.

**\_\_\_\_\_\_ Leadership role in Student Osteopathic Medical Association (e.g. President, NLO, or Task Force Chair for SOMA)**

- Verification shall occur by a letter from the SOMA president or chair.

**\_\_\_\_\_\_ Leadership role in National SOMA, National COSGP Executive Board, or AOF**

- Verification shall occur by a letter from the National president or chair of the organization

**\_\_\_\_\_\_ Osteopathic Political Action Committee (OPAC) Student Chairman’s Club Membership**

- Verification of this requirement shall occur in the following manner: confirmation of membership by the American Osteopathic Information Association/OPAC

**- OPAC Membership will be HIGHLY considered for acceptance, but membership is not required for induction to OBI.**

**Category 3: PROFESSIONAL INVOLVEMENT/ CONFERENCES**

**An applicant must meet at least 1 criteria in Category 3.**

***NOTE: It is the responsibility of the applicant to supply verification of participation as specified in each item below. Letters of recommendation from Category 1 do NOT count as a form of proper verification of participation.***

***Include and verify as many of the following that apply to you.***

**(Complete ALL that apply to you)**

**\_\_\_\_\_\_ Past participant of DO Day on Capitol Hill, COM Day on Capitol Hill, or applicant’s respective state DO Day, SOMA’s Day of Advocacy, Bureau of Emerging Leaders event, National Osteopathic Student Caucus, or achieve gold rank through the Osteopathic Advocacy Network**

- Verification of participation shall occur in the following manner: confirmation of participation by submission of registration receipt, screenshots, or other proof of your attendance and participation.

**\_\_\_\_\_\_ Participation in advocacy building activities: Summer Leadership Meeting (SOMA), OMED (SOMA), or any other advocacy event.**

- Verification of participation shall occur in the following manner: confirmation of participation by submission of registration receipt, screenshots, or other proof of your attendance and participation.

**\_\_\_\_\_\_\_ Participation of any House of Delegates event (SOMA, AOA, state organizations, specialty college, etc)**

- Verification of participation shall occur in the following manner: confirmation of participation by submission of registration receipt, screenshots, or other proof of your attendance and participation.

**Category 4: POLITICAL ADVOCACY**

**(Complete ALL that apply to you)**

**\_\_\_\_\_\_\_ Author, co-author, or aid in creation of resolution submitted to SOMA, AOA, state organization House of Delegates.**

- Verification of participation shall occur in the following manner: submission of title of resolution and attestation from president or a board member

**\_\_\_\_\_\_\_ Participation in local/state/national political campaigns**

- Verification of participation shall occur in the following manner: submission of a letter of recommendation from an individual that can attest to the applicant’s local/state political involvement or submission of a signed letter of participation from a qualified campaign representative (campaign manager, political candidate, etc.)

**\_\_\_\_\_\_ Participation in OBI/OPAC Education Series**

- Attend two individual campaign hour events of the OBI/OPAC Education Series throughout the academic year.

- Verification of participation shall occur in the following manner: attendance will be documented at all events by an OBI Board Member.

**Letter of Recommendation**

**Submission of a letter of recommendation from a physician (D.O. or M.D.), AND/OR faculty/administrator/physician who is involved with national, state, or specialty advocacy or policy and can attest to the applicant’s political involvement.**

**1. The letter of recommendation may be submitted separately by the letter writer via e-mail to the National Membership Chair at OBIMembershipChair@gmail.com *or* it can be submitted by you as a part of your completed application.**

*Please note: If the letter writer is submitting a letter on your behalf, it must be received by the application deadline. We will not accept late submission of letters. Additionally, please ask your letter writer to title the*

*attachment as follows: “ApplicantFirstNameLastname\_LOR.” Example: “JohnDoe\_LOR”*

**2. The letter of recommendation must be signed on an official letterhead.**

**Have you previously applied to Omega Beta Iota? \* ☐yes ☐no**

**\_\_\_\_\_\_ Check here if you are interested in becoming an ΩΒΙ COM-SOM Liaison. ΩΒΙ will**

**consider candidates who are currently enrolled and in good academic standing at their medical school.**

**The COM-SOM Liaison will act as a direct point of contact between the ΩΒΙ National Executive Board and their respective COM/SOM.**

**The duties of a COM-SOM Liaison are to:**

● Represent the national organization at the local level

● Attend two mandatory meetings with the ΩΒΙ National Board - one at the start of the term and one at the end of the term

● Host one information meeting per ΩΒΙ application cycle discussing ΩΒΙ membership and core values

● Host at least one event separate from above that coordinates local political advocacy activities for students and physicians including, but not limited to, letter-writing campaigns, lobbying at the state capital, volunteering time on local campaigns (phone calls, poll working, etc), holding discussions on “hot topics,” inviting politicians to campus, etc. Each COM/SOM Liaison of ΩΒΙ is encouraged to partner with their local SOMA chapter, COSGP leadership, or political interest groups

● Provide the ΩΒΙ National Board with proof of the above events via picture or social media post

● Help coordinate student and physician attendance at the annual state association D.O. Day on the Hill and at the AOA’s annual D.O. Day on the Hill

● Assist in the recruitment of prospective ΩΒΙ inductees

**COM-SOM Liaison Term Length:**

**Each COM/SOM liaison term begins on April 15 of the respective year and ends on April 14 of the following year.**

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| **Completed applications must be submitted by 11:59 pm EST March 29th, 2023. Applications should be typed and scanned. Please send your application with all attached documents/letters in ONE PDF file to the National Membership Chair at OBIMembershipChair@gmail.com. If needed the Letter of Recommendation can be emailed separately by the letter writer to OBIMembershipChair@gmail.com by the application due date.** |

**If you have any questions, please reach out to us at OBIMembershipChair@gmail.com or OBINationalDirector@gmail.com.**

**Thank you and we look forward to reviewing your application!**

**All items must be received by 11:59 pm EST March 8th, 2024.**

**LATE SUBMISSIONS WILL NOT BE CONSIDERED.**

**I hereby certify that the information above is complete and accurate to the best of my knowledge. I understand that submitting my application to the Omega Beta Iota national osteopathic political honor society does not guarantee my selection for membership therein.**

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**(Signature of Applicant) (Date)**

