

Advancement to Fellow of the Pediatric Infectious Diseases Society (FPIDS): Guidelines

What is a Fellow of the Pediatric Infectious Diseases Society?

This category recognizes individuals who have achieved professional excellence and provided significant service to the profession. Applicants must meet the specified criteria for either the clinician/educator or academic/investigator/administrator tracks.

Applicants must be a full PIDS member for at least seven years and demonstrate sustained excellence in the profession in leadership and/or scholarship in the field of pediatric infectious diseases or a related field. There should be clear direct or indirect evidence that the applicant has achieved peer recognition as a clinician, educator, investigator, public health authority, or administrator in a field related to pediatric infectious diseases.

Becoming a Fellow of the Pediatric Infectious Diseases Society

Meritorious individuals who apply for fellowship after seven years of full membership will be advanced to the PIDS Board of Directors for consideration of designation as Fellow of the Pediatric Infectious Diseases Society*. In rare circumstances, and at the discretion of the PIDS Board of Directors, an individual may be considered prior to the standard seven-year waiting period as a result of an unusual degree of productivity defined above.

*Full membership does not include those years in training. To be eligible, you must be out of fellowship training seven years or more and be a member in good standing for the last seven years.

Criteria

Clinician/Educator Track: Clinical practice or educator in pediatric infectious diseases or related field as primary activity. Service to the profession must be significant in quality and have local, regional, or national impact as described below.

Clinician/Educator Track applicants must meet the following criteria:

- 1. Continuing identification with the field of pediatric infectious diseases** (as Pediatric ID clinician, researcher, microbiologist, epidemiologist, pharmacologist, educator, or administrator)
- 2. National or local recognition**
 - National recognition**

Service on committees and task forces of PIDS; service on national committees addressing pediatric infectious diseases issues, e.g., those of the American Medical Association (AMA), Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC).
 - Local recognition**

Evidence of local recognition could include any of the following: organization and/or participation as a teacher in local courses; and/or service as an officer for a local or state infectious diseases society; and/or documented excellence as a teacher, clinical microbiologist; and/or clinical appointment as a medical school (associate professor or higher); and/or leadership positions in hospital (e.g., related to infection control, pharmacy, and microbiology); and/or leadership in local or state public health initiatives (e.g., related to planning for bioterrorism or pandemic influenza).
- 3. Publication of work**

Significant contributions to articles in peer-reviewed journals (e.g., case reports, case series, and review articles), chapters in textbooks, and/or contributions to other publications endorsed and disseminated by hospitals or health departments provide additional evidence that applicants for fellowship, in the clinician/educator track, have met the scholarly and pedagogical expectations of a fellow.

Academic/Investigator/Administrator Track: Clinical or basic research, administration, or teaching in pediatric infectious diseases or in a related field as a primary activity. Service to the profession must be significant in quality and have local, regional, or national impact as described below.

Academic/Investigator/Administrator applicants must meet the following criteria:

1. **Continuing identification with the field of pediatric infectious diseases** (as Pediatric ID clinician, researcher, microbiologist, epidemiologist, pharmacologist, or administrator)

2. **National or local recognition**

National recognition

Principal investigator or major investigator on National Institutes of Health (NIH), CDC, foundation or industry sponsored grant; PIDS committee membership; grant reviewer for NIH or other major granting agencies ; and/or invited participant in national/international meetings.

Local recognition

Evidence of local recognition could include any of the following: medical school appointment as associate professor or above; and/or documented excellence as researcher, administrator, teacher, and/or appointment as department head or head of pediatric infectious diseases division.

3. **Publication of work**

Five or more substantial, scholarly first-authored publications or 10 or more multi-authored publications in peer-reviewed journals; and evidence of continued productivity as a researcher and scholar since completion of training, e.g., via presentations at national/international meetings and publications.

How to Apply

The following items must be submitted by the applicant by May 17, 2023:

1. **A completed FPIDS application.** The application along with other required documents (detailed below) may be emailed to:

PIDS Member Services
Attn: FPIDS Application
Email: pids@idsociety.org

2. **Nomination Letters: Two letters of support are required from two members with the FPIDS designation (see full list of names on the PIDS website).** One should be designated as the primary nominator. Both letters must indicate clearly whether the candidate is applying in the clinical/educator or academic/investigator/administrator tracks, and they should document in detail how the candidate meets the criteria.

3. **An updated curriculum vitae.**

4. **The application fee.**

Assessment and Approval of Applications

Applications are reviewed for approval by the PIDS Board of Directors in the summer. Disposition letters will be mailed to each applicant after the Board of Directors Meeting.



Advancement to Fellow of the Pediatric Infectious Diseases Society (FPIDS) Application

APPLICANT INFORMATION

Name of Applicant

_____/_____/_____
Date

Degree (check all that apply)

- MD
 PhD
 DO
 PharmD
 DSci
 MS
 MPH
 RN
 MT
 Other (please specify): _____

Institution/Organization

Job Title

Mailing Address line 1 (This information will appear in the PIDS Online Membership Directory and it will also be used for distribution of the *Journal of the Pediatric Infectious Diseases Society*). Address Type: Business Residence

Mailing Address line 2

City

State/Province

Zip/Postal Code

Country

(____) _____ - _____
Phone

(____) _____ - _____
Fax

E-mail

PIDS Full Member since (year)

Training program completion (year)

- Specify track: Academic/Investigator/Administrator
 Clinician/Educator

NOMINATOR INFORMATION

Name of primary nominator:

Name of secondary nominator:

Instructions for Submission:

Qualification of Applicant:

1. PIDS member for at least seven years
2. Demonstrate sustained excellence in the profession in leadership and/or scholarship in the field of pediatric infectious diseases or a related field
3. Clear direct or indirect evidence that the applicant has achieved peer recognition as a clinician, educator, investigator, public health authority, or administrator in a field related to pediatric infectious diseases.

Packet should include:

1. Completed application (Please review the advancement to FPIDS criteria carefully)
2. Two letters of support from PIDS members with the FPIDS designation (see full list on PIDS website)
3. Curriculum vitae
4. Application fee

PAYMENT INFORMATION

FPIDS Application fee in the amount of \$100.00
Additional contribution to PIDS Foundation \$ 25.00*
Total \$125.00

- Check enclosed Please charge my
 Master Card Visa American Express
 Discover

Credit card number: _____ Expiration: ____ / ____

Signature

*If you wish to advance to FPIDS, but not make a contribution, simply cross off the contribution line and deduct the suggested amount from the total above.

DEMOGRAPHIC INFORMATION

This information is useful to PIDS in helping us design programs that meet our members needs.

Specialty, based on completion of an approved training program (check one)

- Adult ID Family Practice Internal Medicine Pediatric ID Obstetrician/Gynecology
 Pediatrics Other (please specify): _____

Primary Employment Affiliation (check one)

- Hospital/Clinic University/Medical School Pharmaceutical/Biotech Industry Private/Group Practice
 Federal Government State/Local Government Military Other (please specify): _____

Professional Activities (write "1" for primary and "2" for secondary)

- ___ Administration ___ Basic Research ___ Clinical Microbiology ___ Clinical Research
___ Epidemiology/Infection Control ___ Patient Care ___ Teaching/Education
___ Other (please specify): _____

OPTIONAL INFORMATION

This information is of value to PIDS in ensuring that leadership positions reflect the membership as a whole.

Gender

- Male Female

Date of Birth

____ / ____ / ____

Race/Ethnicity

- American India/Native Alaskan White/Caucasian
 Native Hawaiian/Other Pacific Islander Black/African American
 Asian Other _____
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