



SAOAO Advisor Form

The chapter advisor will oversee the long-term goals and advancing the local influence of the local SAOAO chapter. Advisors agree to commit to the local chapter for a minimum of 1 year. Ninety-days prior to the end of the advisors term, the advisor should notify the chapter if they have chosen to depart their role as chapter advisor. Advisor should remain in contact with the local chapter President to collaborate on events, educational opportunities, and volunteer activity for the local chapter.

Please provide information about the faculty member who has agreed to be your Chapter's advisor. Requirements for choosing a Chapter advisor:

- Advisor must be an Osteopathic physician in good standing with American Osteopathic Association (AOA)
- Advisor must be directly affiliated with the school petitioning for a local SAOAO chapter

Faculty Advisor Name: _____

Faculty Advisor Title: _____

Faculty Advisor Email: _____

Faculty Advisor Phone Number: _____

Faculty Advisor Signature: _____

Date: _____