



AMERICAN ASSOCIATION
of PHYSICISTS IN MEDICINE

STUDENT VERIFICATION

Applicant Instructions:

Please email the following form to the Program Director.

Program Director Instructions:

Send the completed form electronically as an attachment to: membership@aapm.org.

***NOTE:** The form must be received within 60 days from the date of application, otherwise applicant must reapply.



STUDENT VERIFICATION FORM

Send this completed form electronically as an attachment to: membership@aapm.org.

Applicant Information:

Applicant's First Name _____

Applicant's Last Name _____

who has listed you as their program director.

Please complete the following:

- I am the Program Director.
 - Yes
- The applicant is a(n) (please choose one):
 - Undergraduate Graduate
- The applicant is currently enrolled full-time in the program.
 - Yes
- Program Director:

Name: _____ Phone: _____