



AMERICAN ASSOCIATION  
*of* PHYSICISTS IN MEDICINE

## LETTER OF SUPPORT

### Applicant Instructions:

Please email the following form to the appropriate person based on what membership type you are applying for.

■ **Junior:**

Full or Emeritus Members overseeing your post-doc, residency, or fellowship

■ **Full, Corresponding, Associate:**

Two Full or Emeritus Members

Need to know if someone is Full or Emeritus? [Check here.](#)

### Person of Support Instructions:

Send the completed form electronically as an attachment to: [membership@aapm.org](mailto:membership@aapm.org).

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



For Office Use Only
Ind ID:
Start Date:

LETTER OF SUPPORT FORM

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

Applicant Information:

Applicant's First Name Applicant's Last Name

Applicant's Highest Degree

- PhD BS MS Other (please specify)

Please Enter Your Name:

By evaluating the applicant and providing this letter of support, you are attesting to having first-hand knowledge of the applicant's practice of medical physics...

Your Association With the Applicant? (select one)

- Employer (e.g., manager) Colleague (e.g., coworker) Supervisor (e.g., advisor or mentor) Professional Associate Not Defined Above

Applicant's Role at Time of Association:

Length of Relationship (from MM/YYYY to MM/YYYY):

Academic Standards

Do you attest that the applicant has an earned graduate degree in the Physical or Biological Sciences, Computer Sciences, Mathematical Sciences, or Engineering? Yes No

Scientific Standards

Do you attest that the applicant is engaged in professional, research, or academic activity related to applications of physics in medicine and biology? Yes No

Ethical Standards

Do you attest that the applicant conducts themselves in a manner consistent with the AAPM Code of Ethics, both its principles and guidelines? Yes No

Do you recommend that the applicant become a member of the AAPM? Yes No

Please include below any additional information that you would like the membership committee to consider regarding this applicant. (optional)