



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, Associate:**

Two Full or Emeritus Members

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

■ **Corresponding:**

Two Full, Emeritus or Corresponding Members

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

Person of Support 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.



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 (i.e., the applicant's involvement in clinical, research or academic activity related to applications of physics in medicine and biology.)

■ **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)**
