



## RESIDENT 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](mailto:membership@aapm.org).*

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



## RESIDENT VERIFICATION FORM

Send this completed form electronically as an attachment to: [membership@aapm.org](mailto: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 program is a CAMPEP accredited residency program.  
☐ Yes
- The applicant is currently enrolled full-time in the program.  
☐ Yes

- Program Director:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_