

International Association for the Study of Pain TRAINEE VERIFICATION FORM

□ New Member	
□ Renewing Member	Membership ID

Trainee applicants are required to submit a statement giving the type, place, and duration period of their training. Applicants are eligible for Trainee membership status while in training. Without a completed verification statement, your application cannot be presented for final approval. This statement will also be required upon renewal of your membership.

1. Personal In	formation					
Prefix	First Name			Last Name		
Current Degree(s) Email						
2. Trainee Info	ormation					
Type of Training		Duration			Expected	
		of Training			Completion Date	
Location of Training/Specialty						
3. Applicant S	ignature					
Signature			Date			
4. Mentor/Su	pervisor Signature					
Prefix	First Name			Last Name		
IASP Membership ID (<i>If applicable</i>) Email						
Mentor/Supervisor Signature		 -	Date			

Please return completed form by mail, fax or email to: IASP

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