

**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 Information		
Prefix	First Name	Last Name
Current Degree(s)		Email
2. Trainee Information		
Type of Training	Duration of Training	Expected Completion Date
Location of Training/Specialty _____		

3. Applicant Signature		

 Signature _____
 Date

4. Mentor/Supervisor Signature		
Prefix	First Name	Last Name
IASP Membership ID (<i>If applicable</i>)		Email

 Mentor/Supervisor Signature _____
 Date