



IASP

INTERNATIONAL ASSOCIATION
FOR THE STUDY OF PAIN

CELEBRATING | 1974-2024



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

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

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email: iaspdesk@iasp-pain.org