



ASNR

Application for *Member-in-Training Status*

Only available to physicians in an American College of Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited Radiology residency program, or a Neuroradiology training program.

(Please type or print legibly in black ink)

Are you currently (check one): Radiology Resident OR Neuroradiology Fellow

Name _____ Date _____

First / Middle Initial / Last Name / Degree

List both Home and Institution addresses: check which you would prefer for mailings and invoices.

Home Address _____

City _____ State/Province _____

Zip _____ Phone () _____

Preferred e-mail (required) _____

Institution _____

Address _____

City _____ State/Province _____

Zip _____ Phone () _____

Fax () _____

Radiology Resident Applicants (complete this section)

Start date for training ____/____/____ Anticipated completion date ____/____/____

Signature of Radiology Residency Program Director

As the Radiology Residency Program Director, I am familiar with the applicant's training, and find the information contained on this application to be correct, to the best of my knowledge.

Radiology Residency Program Director _____

(Print name)

(Signature)

Neuroradiology Fellowship Applicants (complete this section)

Start date for training ____/____/____ Anticipated completion date ____/____/____

If you're in the second year of a fellowship, and the first year was performed at a different institution, provide the following: Program Director _____

Institution _____ from ____/____/____ to ____/____/____

Signature of Neuroradiology Fellowship Program Director

As the Fellowship Program Director, I am familiar with the applicant's training, and find the information contained on this application to be correct, to the best of my knowledge.

Fellowship Program Director _____

(Print name)

(Signature)

Mail or fax completed application to:

ASNR Membership Department
2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205

Phone: 630-574-0220 ext. 234 Fax: 630-574-0661