

**Program Director’s Affirmation**

*Kindly provide this form to the Resident/Fellow to attach to his/her membership application.*

Name of Resident/Fellow:

Institution:

Field of Study:

Expected date of program completion:

I affirm that the trainee is in good standing.

Name of Program Director:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: