

American College of Medical Genetics and Genomics Application for Membership Verification of Student/Trainee Status

Applicants for membership in the ACMG in the category of Student or Trainee ONLY: Type or print your name below, fill in your institution/laboratory, indicate your current student/trainee status, and give a copy of this form to your Program Director (trainees), Dean (students) or other appropriate institutional representative with an envelope addressed to: ACMG, 7101 Wisconsin Avenue, Suite 1101, Bethesda, MD 20814. Completed forms should be mailed, faxed (301-718-9604) or emailed (acmg@acmg.net) directly to ACMG by the program director, dean or other institutional representative completing the form.

Applicants must also complete and submit a copy of the ACMG Membership application to ACMG. The membership application is available on the ACMG website JOIN ACMG page.

To be completed by applicant:

APPLICANT NAME:

INSTITUTION/LABORATORY:

APPLICANT STATUS (check as appropriate):

STUDENTS: Medical Graduate (pre-doctoral) Genetic Counseling Undergraduate (pre-bachelor's)

TRAINEES: Resident Fellow Postdoctoral Laboratory Trainee

SPECIALTY AREA (check all that apply):

Clinical Genetics Clinical Biochemical Genetics Clinical Cytogenetics Clinical Molecular Genetics Other, specify _____

To be completed by program director, dean, or other institutional official able to verify the applicant's status:

The above named individual is currently enrolled in an academic/training program as specified and is in good standing in the program.

PROGRAM START DATE:

EXPECTED DATE OF COMPLETION:

Full time Student Part time Student - Hours (number of hours per semester) _____

ADDITIONAL COMMENTS (OPTIONAL):

SIGNATURE:

PRINTED NAME:

DATE:

TITLE/POSITION:

TELEPHONE:

FAX:

EMAIL: