



Trainee Verification Form

Please submit this with your membership application to verify your trainee status

For SMDM purposes, undergraduate, graduate and doctoral students in clinical or non-clinical settings, and post-doctoral students, residents and fellows who are in academic settings qualify as trainees. Faculty and full time research employees do not qualify as trainees.

SECTION I – APPLICANT INFORMATION

Have you been an SMDM Trainee Member in the past? Year(s) _____

I am a Pre-doctoral Trainee: I expect to receive the _____ (advanced degree and field of study) in _____ (mo/yr).

I am a Post-doctoral (PhD) Trainee: I hold the following advanced degree(s) (please indicate all advanced degrees held, the field of study and the month and year conferred):

Applicant's Name (First, MI, Last): _____

Title: _____ Department: _____

University or Institution: _____

Mailing Address: _____

City, State/Province: _____ ZIP/Postal Code: _____ Country: _____

E-mail: _____

SECTION 2 – VERIFICATION OF APPLICANT'S TRAINEE STATUS

(This section to be completed by current SMDM member, or contact SMDM executive director, Jill Metcalf, at jill.metcalf@smdm.org if you do not know any current SMDM members.)

As a current member of SMDM, I hereby certify that the applicant identified above meets the criteria for trainee for SMDM purposes and, as such, is eligible to become a Trainee Member of the Society for Medical Decision Making.

Current SMDM Member's Name (First, MI, Last): _____

Signature: _____ Date: _____

Title (Dean, Dept. Chair, or Professor in Charge): _____

Mailing Address (if different from above) _____

City, State/Province: _____ ZIP/Postal Code: _____ Country: _____