

PROGRAM CERTIFICATION



In-Training meeting registration applicants, *who are not SNMMI members*, must complete the application process before submitting this form. The form will not be processed without a completed online application. Please allow 10 business days for processing once the application is completed and the form is submitted.

I hereby certify that I, _____, am currently a
(PRINT NAME)

_____, enrolled in the
(NON-MEMBER: RESIDENT, FELLOW, SCIENTIST-IN-TRAINING, TECH STUDENT, MEDICAL STUDENT)

_____ program at _____,
(NAME OF PROGRAM) (NAME OF UNIVERSITY)

with an expected graduation date of _____.
(MONTH/DAY/YEAR)

My Program Director is: _____

Signature

Date

WHAT CURRENT DEGREE PROGRAMS ARE YOU ENROLLED IN?

- AA PhD Other _____
- BS MS
- MD Certificate

TYPE OF PROGRAM (IF APPLICABLE):

- Nuclear Medicine Technologist Radiology Resident
- Nuclear Medicine Fellow Scientist-in-Training
- Nuclear Medicine Resident Medical Student
- Radiology/Nuclear Radiology Fellow Other _____