



PROGRAM DIRECTOR CERTIFICATION

(for in-training membership applications only)



In-Training membership applicants 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 program director form is submitted.

I hereby certify that _____, is currently a
(PRINT NAME OF INDIVIDUAL)

_____, enrolled in the
(RESIDENT, FELLOW, SCIENTIST-IN-TRAINING, TECHNOLOGIST STUDENT)

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

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

Name (Please Print) SNMMI ID (if applicable)

Title Email

Signature Date

WHAT CURRENT DEGREE PROGRAMS ARE YOU ENROLLED IN?

- AA PhD Other _____
- BS MS
- MD Certificate

TYPE OF RESIDENCY/FELLOWSHIP (IF APPLICABLE):

- Nuclear Medicine Radiology/Nuclear Radiology
- Nuclear Medicine Technologist Scientist-in-Training
- Other _____

Please return to the SNMMI Membership Department at intraining@snmmi.org or by fax to **703-667-5134**.