



The American Society of Dermatopathology

Phone +1-847-686-2231 • E-mail: membership@asdp.org • Website: www.asdp.org

STATUS VERIFICATION FORM FOR FELLOWSHIP TRAINEE

This form must be completed if you are applying for Fellowship Trainee Membership. Applicants for Fellowship Trainee Membership are required to submit verification from training director confirming enrollment in the training program. Resident Members applying for Fellowship Trainee Membership are required to submit proof of program completion and/or verification from training director confirming enrollment in new training program (i.e., upon completion of a residency program, members must submit a written request along with verification from training director before their membership can be changed to Fellowship Trainee. All requests for status change are reviewed by the ASDP Membership Committee quarterly).

INSTITUTION

DATE

LOCATION

(CITY, STATE/PROVINCE)

I CERTIFY THAT

(APPLICANT'S NAME)

IS A FELLOWSHIP TRAINEE SINCE

(MONTH AND YEAR STARTED)

AND IS OF HIGH MORAL, ETHICAL AND PROFESSIONAL STANDING.

THE APPLICANT IS EXPECTED TO COMPLETE HIS/HER TRAINING PROGRAM BY

(MONTH AND YEAR)

NAME OF TRAINING DIRECTOR/REGISTRAR (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF TRAINING DIRECTOR/REGISTRAR

DATE

PHONE

EMAIL

IMPORTANT! Do not send form to ASDP. Completed forms must be returned to membership applicant.

Application Deadlines:
March 31 – June 30 – September 30 – December 31