



The American Society of Dermatopathology

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

STATUS VERIFICATION FORM FOR RESIDENT MEMBERSHIP

This form must be completed if you are applying for Resident Membership. Members are required to submit verification from training director confirming enrollment in a residency program.

INSTITUTION _____ DATE _____

LOCATION _____
(CITY, STATE/PROVINCE)

I CERTIFY THAT _____ IS A RESIDENT.
(APPLICANT'S NAME)

SINCE _____
(MONTH AND YEAR STARTED)

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 _____ E-MAIL _____

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**