



Student Verification Form

Please submit this with your membership application to Info@SMDM.org to verify

For SMDM purposes, pre-doctoral students, currently enrolled in a degree earning program, qualify as students.

SECTION I – APPLICANT INFORMATION

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

I am a pre-doctoral student: I am currently enrolled with the following program:

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 STUDENT STATUS

(This section below is to be completed by your university mentor. If you do not have an assigned mentor, your university registrar can verify your status.)

I hereby certify that the applicant identified above meets the criteria for student for SMDM purposes and, as such, is eligible to become a Student 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: _____