



# Trainee Verification Form

Please submit this with your membership application to [Info@SMDM.org](mailto:Info@SMDM.org) to verify

For SMDM purposes, post-doctoral students, in clinical or non-clinical settings, qualify as trainees. Faculty and full time research employees do not qualify as trainees.

## SECTION I – APPLICANT INFORMATION

Have you been an SMDM Trainee Member in the past? Year(s) \_\_\_\_\_

- I am a Post-doctoral (PhD) Trainee: I hold the following advanced degree(s) (please indicate all advanced degrees held, the field of study and the month and year conferred):

\_\_\_\_\_

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 TRAINEE 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 trainee for SMDM purposes and, as such, is eligible to become a Trainee 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: \_\_\_\_\_