



ONLINE EDUCATION CREDITS PROGRAM *also known as Online Continuing Education Program* NON-MEMBER ASSOCIATE AND STUDENT SUBSCRIPTION VERIFICATION FORM

*Please use the Fill & Sign feature to complete all fields. For instructions/details see: <https://helpx.adobe.com/reader/using/fill-and-sign.html>
Questions? Please contact membership@aapm.org for help with this form.*

› INSTRUCTIONS:

Step 1: To be completed by the subscriber. Steps 2 – 4: to be completed by the subscriber's supervisor, manager, program director, or advisor. In order to qualify for the Non-Member Associate or Student subscription category, it is necessary to fully complete this form, and return it to the subscriber so they may provide it to the AAPM Membership Manager.

› STEP 1: SUBSCRIBER'S DETAILS

First Name		Last Name
Email	Office Phone	Fax
Address		
City		State/Province
Country	Zip	
Institution Name		

› STEP 2: SUBSCRIBER'S ROLE

Please tick ONE statement that BEST applies to the subscriber.

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Postdoctoral Research Associate or Fellow | <input type="radio"/> Medical Physicist Assistant |
| <input type="radio"/> Resident | <input type="radio"/> Clinical Engineer |
| <input type="radio"/> Medical Physics Certificate Program Student | <input type="radio"/> Graduate / Undergraduate Student |

› STEP 3: YOUR ROLE

I am the subscriber's supervisor, manager, program director, or advisor. ☐ Yes ☐ No

› STEP 4: SIGN AND RETURN

By signing below, Subscriber and Program Director/Supervisor hereby affirm and certify that the above information is complete, true, and correct. Both parties understand that any misrepresentation or falsification will be subject to review by AAPM Ethics Committee.

Registrant Signature	Date
Program Director/Supervisor Signature	Date

Please remember that it is mandatory that the subscriber return this completed form to membership@aapm.org.