



Non-Member Resident/Post-Doc Registration Qualification 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>

This form must be completed and submitted during the registration process.

You will be prompted to upload the .pdf file on the Registration Qualification Form Submission page.

Registration Information

Full Name: _____

Registration Email: _____

Area of Specialization (RadOnc, Diagnostic Imaging, NucMed, etc.): _____

Program Start Date: _____ Intended End Date: _____

Institution Information

Name: _____

Address: _____

Program Director/Supervisor Information

Full Name: _____

Email: _____

Phone: _____

By signing below, Registrant 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 result in registration cancellation, with no refund, and restriction from attendance at future AAPM events.

Registrant Signature

Date

Program Director/Supervisor Signature

Date