



## 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