



AMERICAN ASSOCIATION
of PHYSICISTS IN MEDICINE

LETTER OF SUPPORT

*Please use the Fill & Sign feature to complete all fields [handwritten applications will NOT be accepted]. For instructions/details see:
<https://helpx.adobe.com/reader/using/fill-and-sign.html>*

Applicant Instructions:

Please email the following form to a Full Member (includes Full COMP and Full Lifetime).
If you need to verify someone is Full, you may [check here](#).

Person of Support Instructions:

Send the completed form electronically as an attachment to: membership@aapm.org.

***NOTE:** The form must be received within 30 days from the date of application, otherwise applicant must reapply.



LETTER OF SUPPORT FORM

Send this completed form electronically as an attachment to: membership@aapm.org

Applicant Information:

Applicant's First Name _____

Applicant's Last Name _____

■ **Applicant's Highest Degree**

PhD

DMP

MS

Other (please specify) _____

■ **Please Enter Your Name:** _____

By evaluating the applicant and providing this letter of support, you are attesting to having first-hand knowledge of the applicant's practice of medical physics (i.e., the applicant's involvement in clinical, research or academic activity related to applications of physics in medicine and biology.)

■ **Your Association with the Applicant? (select one)**

Employer (e.g., manager)

Colleague (e.g., coworker)

Supervisor (e.g., advisor or mentor)

Professional Associate not defined above

■ **Applicant's Role at Time of Association:** _____

■ **Academic Standards**

Do you attest that the applicant has an earned graduate degree in the Physical or Biological Sciences, Computer Sciences, Mathematical Sciences, or Engineering? Yes No

■ **Scientific Standards**

Do you attest that the applicant is engaged in professional, research, or academic activity related to applications of physics in medicine and biology? Yes No

■ **Ethical Standards**

Do you attest that the applicant conducts themselves in a manner consistent with the AAPM Code of Ethics, both its principles and guidelines? Yes No

■ **Do you recommend that the applicant become a member of AAPM?** Yes No

■ **Please include below any additional information that you would like the membership committee to consider regarding this applicant. (optional)**