



International Association for the Study of Pain

IASP®

Working together for pain relief

International Association for the Study of Pain

TRAINEE VERIFICATION FORM

New Member

Renewing Member Membership ID _____

Trainee applicants are required to submit a statement giving the type, place, and duration period of their training. Applicants are eligible for Trainee membership status while in training. Without a completed verification statement, your application cannot be presented for final approval. This statement will also be required upon renewal of your membership.

1. Personal Information		
Prefix	First Name	Last Name
Current Degree(s)		Email
2. Trainee Information		
Type of Training	Duration of Training	Expected Completion Date
Location of Training/Specialty _____		

3. Applicant Signature

Signature _____
Date

4. Mentor/Supervisor Signature		
Prefix	First Name	Last Name
IASP Membership ID <i>(if applicable)</i>		Email

Mentor/Supervisor Signature _____
Date