



International Association for the Study of Pain

IASP

Working together for pain relief

**International Association for the Study of Pain
Verification of Trainee Status**

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.

Complete this form by obtaining the signature of your mentor/supervisor, and returning it to the IASP offices via the post, fax, or email (listed below).

Applicant Information

Name: _____

Current Degree(s): _____

Discipline/Specialty: _____

Subspecialty: _____

Occupation: _____ Type of Training: _____

Duration of Training: _____ Completion Date: _____

Location of Training/Department:

Signature of Applicant: _____

Mentor/Supervisor Information

Name: _____ IASP Member (circle one): **Y** **N**

Email Address: _____

Signature: _____

Return to:

IASP Secretariat
Attn: Member Services
1510 H St. NW, Suite 600
Washington, DC 20005-1020 USA

Tel: +1 202-856-7400
Fax: +1 202-856-7401
Email: members@iasp-pain.org
Web: www.iasp-pain.org