

Applicant's Email: \_\_\_\_\_

RSNA Customer #: \_\_\_\_\_

## **Training Verification Form**

This letter is to confirm that Mr./Ms. \_\_\_\_\_  
First Name Middle Last Name

is a current radiology Resident/Fellow in my Residency/Fellowship/PhD Program at:

\_\_\_\_\_ (*Institution name*).

His/her Residency/Fellowship training dates are the following:

From: \_\_\_\_\_ To: (Anticipated Completion Date): \_\_\_\_\_

Director's Full Name: \_\_\_\_\_

---

Signature of Director of Current Residency/Fellowship Program

**PLEASE FAX TO:**

**Attn: Matthew Chwedyk  
RSNA Membership Services**

**Fax: 630-590-7712**

**Contact Information:**

**Matthew Chwedyk  
RSNA Membership Services  
Phone: 630-368-3768 Fax: 630-590-7712 Email: mchwedyk@rsna.org**