



The National Association of Medical Examiners®

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MEMBERSHIP APPLICATION CHECKLIST FELLOW-IN-TRAINING

As part of the NAME membership application process, you will be required to upload the following documents:

- Copy of your current medical license
- Copy of your current curriculum vitae
- A signed and recently dated letter of recommendation from **your Fellowship Program Director** is required
- IMPORTANT: PLEASE USE YOUR PERSONAL EMAIL FOR YOUR MEMBERSHIP APPLICATION**

Once you have gathered all required documents, please submit your application through our website. If you have any questions or need assistance, feel free to contact us at tsnethen@thename.org or call (816) 244-5160.

We appreciate your interest in becoming a NAME Fellow-in-Training and look forward to reviewing your application!