



The National Association of Medical Examiners®

15444 Chinnereth Est, Savannah, MO 64485

660-734-1891

Fax: 888-370-4839

Email: name@thename.org

MEMBERSHIP APPLICATION CHECKLIST FELLOWS

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
- Copy of your letter or certificate from the American Board of Pathology (or international equivalent) showing that you are currently certified in forensic pathology
- A signed, recently dated letter of recommendation from a NAME Member or Fellow

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 and look forward to reviewing your application!