



The National Association of Medical Examiners®

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MEMBERSHIP APPLICATION CHECKLIST MEDICAL STUDENT MEMBERS

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

- Copy of your current curriculum vitae/resume
- Signed and recently dated letter of recommendation from a **faculty member or registrar** confirming that you are enrolled in an accredited medical school in the United States or Canada, or its international equivalent as determined by the Board of Directors

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 Medical Student Member and look forward to reviewing your application!