



The National Association of Medical Examiners®

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Email: name@thename.org

MEMBERSHIP APPLICATION CHECKLIST RESIDENT MEMBERS

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

- Copy of your current curriculum vitae
- Signed and recently dated letter of recommendation from **pathology residency training director** that you are in an ACGME or Royal College of Physicians of Canada accredited training program

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 Resident Member and look forward to reviewing your application!