

# AAI Trainee Certification Form

This form must accompany award applications from trainees.

*Please print legibly or type.*

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainee Status (check one):  Predoctoral — Year Degree Expected: \_\_\_\_\_

Postdoctoral — Year Degree Received: \_\_\_\_\_

Advisor/Department Chair Certification of Applicant's Trainee Status: I hereby certify that

\_\_\_\_\_

*Name of Trainee*

is a registered student or postdoctoral fellow engaged in a research training program.

\_\_\_\_\_

*Name of Advisor/Department Chair*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**The American Association of Immunologists**

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