



AAI Trainee Certification Form

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

9650 Rockville Pike, Bethesda, MD 20814

Tel: (301) 634-7178 | Fax: (301) 634-7887

www.aai.org