The American Association of Immunologists Trainee Certification Form (TCF)

To qualify as a trainee, please submit this form upon payment (of membership dues or event registration).

A new completed form is required each year.

See bottom of form for submission instructions.*

Please print legibly or type.

AAI User ID (also AA	Al Member Number,	if a member):		_
AAI Trainee Member	Paid for Current Ye	ear Yes	No	
Trainee Full Name:				
	First	Middle	Last	
Mailing Address:				
rainee Status (check one): Student (Pre doctoral) - Degree and Year Expected:				
	Post	doctoral - Degree and \	Year Received:	
	Advisor/Departme	ent Chair Certification	of Applicant's Trainee Status	
I hereby certify that the Trainee named above is a registered student or postdoctoral fellow engaged in a research training program, clinical fellowship, or residency program.				
ooda on training pr				
Name of Advisor/Dep				
Advisor Signature:			Date:	
If an AAI member, Advisor AAI User ID / Member Number:				
Advisor Institutional E-mail Address:				

*To submit, upload a PDF of this signed form directly to your AAI profile. Go to: www.aai.org, select 'Login/Renew' in the upper right, log in, and then select 'Upload Trainee Certification' under 'Document Center'.