The American Association of Immunologists
Young Professional Certification Form (YPCF)

To qualify as a young professional member, 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.

YP AAI User ID (also AAI Member Number if a member): _____

YP Full Name: _____
First Middle Last

Degree Received: _____ Year Received: _____

_____
Name of Institution

Supervisor Certification of Applicant's Professional Status

I hereby certify that the individual named above is employed at:

_____
Name of Institution

_____
Location (City, State, Country)

_____
Name of Supervisor

Supervisor Signature:_____Date: _____

If an AAI member, Supervisor AAI User ID / Member Number: _____

Supervisor **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 on 'Upload YP Certification' under Account Services.