Association of University Radiologists
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Oak Brook, IL 60523-2251
TEL: 630-368-3730 | FAX: 630-571-7837
AUR.ORG

ASSOCIATION OF UNIVERSITY RADIOLOGISTS

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PROGRAM VERIFICATION

Email or fax completed verification form to AUR Membership at *customerservice@rsna.org* or 630-590-7712 (fax).

NAME & INSTITUTION

The following individual is currently enrolled in medical school or formal radiologic training program:

Full Name (print): _____

Academic degree(s): _____

Name of institution: _____

PROGRAM TYPE

☐ Medical School
☐ Internship
☐ Residency (indicate residency program type)
  ☐ Diagnostic ☐ Interventional ☐ Nuclear Medicine ☐ Radiation Oncology
☐ Fellowship (indicate fellowship program type)
  ☐ Diagnostic ☐ Interventional ☐ Nuclear Medicine ☐ Radiation Oncology

PROGRAM DATES

Begin date: [month/day/year] _____ /_____ /_____

Anticipated completion date: [month/day/year] _____ /_____ /_____

CHIEF RESIDENCY

☐ I am a chief resident.

Begin date: [month/day/year] _____ /_____ /_____

End date: [month/day/year] _____ /_____ /_____

VERIFICATION

Program director or coordinator must verify that individual is enrolled in medical school or formal radiologic training program by printing and signing below:

_____
Printed name of director or coordinator of current program

X _____
Signature of director or coordinator of current program

AUR Membership
Phone: 1-877-776-2636
or 1-630-571-7873 outside the USA and Canada