RESEARCHER LETTER OF SUPPORT

(Letter of Support must come from an AANEM Fellow member)

Researcher Attendee Name (print): ___________________________________________________

Dear Dr. ____________________________________:

I wish to attend the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Annual Meeting. To be eligible to attend the AANEM Annual Meeting, nonmember researchers must provide a Letter of Support from a current AANEM Fellow member. This support should be based on personal knowledge of the my research related to electrodiagnostic (EDX) and/or neuromuscular medicine. Other requirements of a nonmember researcher attending the AANEM Annual Meeting include that attendee must:

a. Be a non-physician who is a PhD investigator, engineer, holder of a master’s degree, or a graduate student enrolled in a PhD degree program that is currently active in neuromuscular or EDX research.

b. Agree to abide by the AANEM’s position statement *Who is Qualified to Practice Electrodiagnostic Medicine?* stating that only properly trained physicians perform and interpret needle electromyography (EMG) and interpret nerve conduction studies (NCSs).

I would appreciate your support of my attending the AANEM Annual Meeting. If you agree to support my attendance, please answer the questions below and return the form to the AANEM.

1. Are you currently a Fellow (ABEM certified) member of the AANEM? YES □ NO □
2. Do you support the nonmember researcher’s attendance at the AANEM Annual Meeting? YES □ NO □

   If YES, please note the basis on which you are able to support the attendance:
   □ Personal knowledge of the applicant and the applicant’s research
   □ Familiarity with the applicant’s research

   If NO, please explain: _______________________________________________________________________
   ______________________________________________________________________________________

3. Briefly describe the attendee’s research and how it relates to EDX or neuromuscular medicine:
   ______________________________________________________________________________________
   ______________________________________________________________________________________

Physician’s Name (print): __________________________________________________________Email: _______________________

Signature: ___________________________ Date: __________________________

Please return this completed form to:
AANEM
2621 Superior Drive NW
Rochester, MN 55901
FAX: 507.288.1225
Email: membership@aanem.org