COLLABORATOR LETTER OF SUPPORT
(Letter of Support must come from an AANEM Fellow member)

Collaborator 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 Collaborators must provide a Letter of Support from a current AANEM Fellow member. This support should be based on personal knowledge of my collaborative role in treating patients with neuromuscular diseases. Other requirements of a nonmember collaborator attending the AANEM Annual Meeting include that attendee must:

a. Be a non-physician provider who:
   i. Does not and will not perform or interpret needle electromyography (EMG) studies or interpret nerve conduction studies (NCSs)
   ii. Works in collaboration with a neurologist or physiatrist who treats patients with neuromuscular diseases.

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 EMG and interpret 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 collaborator’s attendance at the AANEM Annual Meeting and have personal knowledge of the attendee’s collaborative role with a neurologist or physiatrist to treat patients with neuromuscular diseases?  YES □  NO □

   Briefly describe how the attendee collaborates with neurologists and/or physiatrists:

   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

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