



# LETTER OF SUPPORT

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

Applicant's Name (print): \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

I am applying to be a Research member of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). To be eligible for membership, applicants must provide a Letter of Support from a current AANEM Fellow member. This support should be based on personal knowledge of the applicant and the applicant's research related to electrodiagnostic (EDX) and/or neuromuscular medicine, or familiarity with the applicant's research. Other requirements of membership in the AANEM include that applicants must:

- a. Be a nonphysician 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 the results of the initial NCSs are reviewed by the physician as they are obtained (on-site) and that only properly trained physicians perform and interpret needle EMG and interpret nerve conduction studies.

I would appreciate your support of my application to the AANEM. If you agree to support my application, ***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 applicant's application for membership to the AANEM as a Research member? YES  NO

a. If YES, please note the basis on which you are able to support the application:

- Personal knowledge of the applicant and the applicant's research
- Familiarity with the applicant's research

If NO, please explain: \_\_\_\_\_

3. Briefly describe the applicant'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