



PHYSICIAN STATEMENT OF RESPONSIBILITY

Researcher Applicant's Name (print): _____

Dear Dr. _____:

I am applying for Research membership in the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). To be eligible for membership, Researcher applicants must provide a Letter of Support from a current AANEM Fellow or Active member or a physician familiar with the Researcher work must complete this Statement of Responsibility for review. Other requirements for Research membership in the AANEM include that applicants must:

- i. Be a PhD investigator, engineer, holder of a master's degree, or a graduate student enrolled in a PhD degree program who are currently active in neuromuscular or electrodiagnostic research
ii. Does not and will not perform or interpret needle electromyography (EMG) studies or interpret nerve conduction studies (NCSs) for patient related diagnostic purposes and 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.

Physician Familiar With the Researcher's Work:

Name: _____
First Middle Last Professional Designation

Medical License: _____
State of Issue Number

Business/Practice Name: _____

Address: _____
Number and Street City State Zip

Telephone: _____ Email: _____

Physician Specialty: [] Neurology [] PMR [] Clinical Neurophysiology [] Other _____

1. 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

b. If NO, please explain:

2. Briefly describe the applicant's research and how it relates to EDX or neuromuscular medicine:

3. Does the applicant perform needle EMG procedures or NCS procedures for diagnostic purposes?
 YES NO

If Yes, explain _____

Physician Signature

I certify that I am a physician that is familiar with the work of the Researcher named above. I further affirm that the information in this statement of responsibility is complete and accurate to the best of my knowledge.

Signature of Supervising Physician

Date

Please return this completed form to:

AANEM
2621 Superior Drive NW
Rochester, MN 55901
FAX: 507.288.1225
Email: membership@aanem.org