

IPNA Membership Application Supervisor Confirmation

PROOF OF TRAINEE STATUS

To be completed by a supervisor of the trainee :

Trainees' Name :
Name of Institution :
Address :
Trainee program :

The trainee is currently in year of a year program (*Example, year 2 of a 4 year program*)
Expected completion date (*month/year*) :

Declaration :

I certify that the information above is correct and that the above-named is currently a trainee at our institution.

Name:
Position:

Signature:
Date:



Institution Stamp/Seal