

TRAINING CERTIFICATION

TO: ISTM
315 West Ponce de Leon Ave, Ste 245
Decatur, GA 30030 USA
Fax: +1-404-373-8283

This is to certify that _____ is currently a student or
in training at:

Name of Facility *City, State/Province* *Country*

Their training will end on _____
Month/Year

The level of training is:

- ____ Postdoctoral Fellow
- ____ Resident/Intern
- ____ Graduate Student
- ____ Undergraduate Student
- ____ Other – Identify: _____

Authorized Signature *Date*

Position or Title

Email Address