

TRAINING CERTIFICATION

TO: **ISTM**
1200 Ashwood Parkway, Ste 310
Dunwoody, Georgia 30338 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