

ACR Recommendation Form

Thank you for taking the time to be a sponsor for a potential new member of the ACR.

Please be sure to answer **all questions** below before submitting the form.

Your Name (please print): _____

Applicant's Name: _____

Membership Applicant Type:

ACR Fellow/ACR Fellow International

ACR Member/ACR Member International

ACR Emeritus

ACR Fellow-in-Training **Program End Date:** _____

ACR Student, Resident, Post/Pre Doc **Program End Date:** _____

Relationship to the Applicant (check all that apply):

Colleague

Regional/National Rheumatology Society Member or Staff

Supervisor

Training Program Director*

Other: _____

Duration of Relationship/Membership:

Less than 1 year 1-5 years 6-10 years 11+ years

By checking the boxes below, I certify, to the best of my knowledge, that the above named applicant:

Is devoted to the advancement of the research and practice of rheumatology

Is of high moral, ethical, and professional standing

Has strong professional ability and a dedication to lifelong learning

Applicant's Degree(s): _____

Applicant's Institution: _____

Applicant's Country: _____

By submitting this sponsorship form, you are hereby stating that the above named applicant has your full endorsement for membership/fellowship within the ACR.

SIGNATURE

DATE

Please complete this form and return to the applicant. Thank you!
QUESTIONS? CONTACT US AT MEMBERSHIP@RHEUMATOLOGY.ORG