



# International Association of Oral and Maxillofacial Surgeons

## OMFS Trainee Verification Form for IAOMS Membership

OMFS Trainee memberships are available exclusively for those pursuing oral and maxillofacial surgery training and Trainee Verification is required. If you are a trainee in a field related to OMFS (dentistry or oral surgery, for example) this form is not required. Please select the Associate Trainee membership.

Applicant Name:	Date:
Address:	
City:	State/Province:
Postal Code:	Country:
Email:	Mobile Phone:

## Trainee Verification To Be Completed By Program Director

This is to confirm that the above named candidate for IAOMS membership is enrolled in the oral and maxillofacial training program at our institute.

OMFS Program/Institution:	
Address:	
City:	State/Province:
Postal Code:	Country:
OMFS Graduation/Completion Date:	
Additional Comments:	
Program Director Name:	
Program Director Email:	Date:
Program Director Signature (required):	

## Return This Form To:

Katie Cairns ([kcairns@iaoms.org](mailto:kcairns@iaoms.org))

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