



POST GRADUATE TRAINING: Please list all training	INSTITUTION _____ Specialty 1 _____ Specialty 2 _____ <hr/> Exact Date(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Inclusive From Month Day Year Month Day Year																
CURRENT CV:	PLEASE PROVIDE A COPY OF CURRENT CURRICULUM VITAE																
LICENSURE:	PLEASE SEND A COPY OF YOUR CURRENT STATE LICENSE (If Appropriate)																
ACTIVITY IN DISABILITY EVALUATION:	How long has the evaluation of disability or impairment been a part of your professional activity? _____ Years																
RECOMMENDATIONS:	Provide two <u>letters of recommendation</u> from individuals familiar with your qualifications and standing in impairment evaluation (Peers), who are Members or Fellows of AADEP. <p style="text-align: center;">OR</p>																
REFERENCES: (To contact as necessary) Please List Two Colleagues	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">NAME _____</td> <td style="width: 50%;">NAME _____</td> </tr> <tr> <td>INSTITUTION _____</td> <td>INSTITUTION _____</td> </tr> <tr> <td>ADDRESS _____</td> <td>ADDRESS _____</td> </tr> <tr> <td>ADDRESS2 _____</td> <td>ADDRESS2 _____</td> </tr> <tr> <td>CITY _____ ST _____ ZIP _____</td> <td>CITY _____ ST _____ ZIP _____</td> </tr> <tr> <td>COUNTRY _____</td> <td>COUNTRY _____</td> </tr> <tr> <td>TELEPHONE _____ FAX _____</td> <td>TELEPHONE _____ FAX _____</td> </tr> <tr> <td>EMAIL _____</td> <td>EMAIL _____</td> </tr> </table>	NAME _____	NAME _____	INSTITUTION _____	INSTITUTION _____	ADDRESS _____	ADDRESS _____	ADDRESS2 _____	ADDRESS2 _____	CITY _____ ST _____ ZIP _____	CITY _____ ST _____ ZIP _____	COUNTRY _____	COUNTRY _____	TELEPHONE _____ FAX _____	TELEPHONE _____ FAX _____	EMAIL _____	EMAIL _____
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