Student, Resident & Fellow Application

THIS FORM MUST BE SIGNED BY A TRAINING PROGRAM DIRECTOR OR A PROFESSOR

Applicant Information

Name of Applicant _____ Date _____

Sex ☐ Male ☐ Female **Date of Birth (mm/dd/yyyy)**
/ /

Degree (check all that apply)

☐ MD ☐ PhD ☐ DO ☐ PharmD ☐ DSci ☐ MS ☐ MPH ☐NP ☐MBBS ☐MT

☐ Other: _____

Institution/Organization _____

Job Title _____

Contact Information

(This information will appear in the PIDS Online Membership Directory and will also be used for distribution of the *Journal of the Pediatric Infectious Diseases Society*). **Address Type:** ☐ **Business** ☐ **Residence**

Mailing Address line 1_____

Mailing Address line 2 _____

City State Zip/Postal code Country

Phone Fax E-mail

Please choose the membership category you are applying for:

A free electronic subscription to the *Journal of the Pediatric Infectious Diseases Society* is included with your membership.

☐ **Fellow – No Charge** ☐ **Resident – No Charge** ☐ ***Medical Student – No Charge**

I.D. Fellowship/Resident Institution or Medical School _____

I.D. Fellowship/Resident Starting Date:_____ Graduation Date: _____

Fellowship/Residency Training Program Director/Professor's Name (Please Print):_____

Fellowship/Residency Training Program Director/Professor's Signature:_____

Medical students must provide a copy of student ID.

Demographic Information
This information is useful to PIDS in helping us design programs that meet our members' needs.

Specialty, based on completion of an approved training program (check one)

☐ Adult ID ☐ Internal Medicine ☐ Pediatric ID
☐ Family Practice ☐ Obstetrician/Gynecology ☐ Pediatrics
☐ Other: _____

Primary employment affiliation (check one)

☐ Federal Government ☐ Military ☐ State/Local Government
☐ Private/Group Practice ☐ Hospital/Clinic ☐ Pharmaceutical/Biotech Industry
☐ University/Medical School ☐ Other: _____

Professional activities (write "1" for primary and "2" for secondary)

☐ Administration ☐ Clinical Research ☐ Public Health
☐ Basic Research ☐ Epidemiology/Infection Control ☐ Teaching/Education
☐ Clinical Microbiology ☐ Patient Care ☐ Other: _____

Return this form to:

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