



## ACVP/ASVCP Joint Trainee Affiliate Member Application Form

Questions? Contact: [info@acvp.org](mailto:info@acvp.org)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

As the Sponsor for the above Trainee Affiliate Member Applicant, I certify that they began their trainee status in

\_\_\_\_\_ at \_\_\_\_\_ and I am the Applicant's (select one)  
(Year) (Institution)

- ☐ Training Program Coordinator
- ☐ Graduate Supervisor
- ☐ Department Chair

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_