



AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH AND EDUCATION FOUNDATION

**ACR REF Rheumatology Fellowship Training Award
Statement of Appointment**

The rheumatology fellowship program director is responsible for the selection and appointment of the fellow / trainee to the fellowship training award and for the overall direction, management and administration of the program. Please complete the form below and attach the statement of appointment documentation for your rheumatology fellow/trainee. The statement of appointment document is the letter of appointment your institution provides the fellow upon signing as an employee. If necessary, you may blind any confidential statements, such as salary information and social security number. Please note: **Funding will not be released until the fully executed Statement of Appointment and Conditions of Award documentation are received.**

Institution: _____

Program/Fellowship Director: _____

Clinical Fellow Name: _____
Last First M.I.

Fellow's e-mail address: _____

Is fellow a member of the ACR? Yes or No (circle one)

Level Fellowship/Residency: _____

Appointment Date: From: _____ To: _____

By signing below, I certify that the Fellow / Trainee is a citizen or non-citizen national of the United States, or is in lawful possession of a permanent resident card. I understand that individuals on temporary or student visas are not allowed to accept this award.

Program/Fellowship Director Signature Date

Department Chair/Division Chief Signature Date

Fellow/Trainee Signature Date

Return signed document by June 1, 2010 to:
Amy Fore, Awards and Grants Coordinator
ACR Research and Education Foundation
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afore@rheumatology.org