



# LETTER OF SUPPORT

(Letter of Support must come from an AANEM Fellow or Active member)

Technologist Applicant's Name (print): \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

I am applying for Technologist membership in the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). To be eligible for membership, Technologist applicants must provide a Letter of Support from a current AANEM Fellow or Active member. This support should be based on familiarity with the applicant's contributions to the clinical practice of electrodiagnostic (EDX) and/or neuromuscular medicine or with the applicant's supervising physician's practice. Other requirements of technologist membership in the AANEM include that applicants must:

- a. Be contributing actively to the clinical practice of EDX and/or neuromuscular medicine.
- b. Agree to abide by the AANEM's position statement Who is Qualified to Practice Electrodiagnostic Medicine? stating that the results of the initial NCSs are reviewed by the physician as they are obtained (on-site) and that only properly trained physicians perform and interpret needle EMG and interpret nerve conduction studies.
- c. If performing NCSs, be under the direction of a neurologist or physical medicine and rehabilitation physician during the performance of NCSs.

I would appreciate your support of my application to the AANEM. If you agree to support my application, ***please answer the questions below and return the form to the AANEM.***

- .....
- 1. Are you currently a Fellow (ABEM certified) or Active (ABPN or ABPMR certified) member of the AANEM? YES  NO
  - 2. Do you support the applicant's application for membership to the AANEM as a Technologist? YES  NO

- a. If YES, please note the basis on which you are able to support the application:
  - Personal knowledge of the applicant and the applicant's practice.
  - Personal knowledge of the applicant's supervising physician's practice.
    - *Name of Supervising Physician* \_\_\_\_\_
- b. If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

Physician's Name (print): \_\_\_\_\_ Email: \_\_\_\_\_

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

***Please return this completed form to:***  
 AANEM  
 2621 Superior Drive NW  
 Rochester, MN 55901  
 FAX: 507.288.1225  
 Email: membership@aanem.org