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## Verification of Junior Status

IHS Junior membership status is available to any IHS member who is currently an under- or post-graduate student (including but not limited to medical students and PhD students) or a medical doctor training to become a specialist. For medical doctors alternatively within 3 years of obtaining medical doctorate OR academic post graduate degree OR specialist certification, whichever was obtained latest, up to 15 years following MD qualification. For other academic groups alternatively within 6 years of obtaining latest academic degree. The time periods exclude career breaks for parental leave, voluntary service, national service, etc.

IHS Junior members are required to complete this form detailing all their medical/scientific qualifications (with completion dates) and their current position. Those who have completed their training must also send a copy of their most recent medical/scientific certificate.

Please complete this form, secure the signature(s) of your mentor/supervisor(s) if still in training, and return it to the IHS office via email:carol.taylor@i-h-s.org

Personal Information

Name:

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical / Scientific qualifications (with completion dates) : \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current training:

Duration of current training: \_\_\_\_ (Expected) Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past career breaks (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position:

Current institution / department:

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

For members currently in training: Mentor / Supervisor Information

I confirm that the applicant is under a trainee status as stated above:

Name:

Email Address:

Signature: Date:

For members no longer in training:

Details of last qualification: \_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach copy of certificate

Return this form to: IHS Administrator carol.taylor@i-h-s.org