



Mid-Atlantic Section of the American Urological Association, Inc.

SPONSOR ENDORSEMENT FORM

APPLICANT INFORMATION

Applicant Name: _____

Institution: _____

SPONSOR INFORMATION

Name: _____

Institution: _____

Basis for evaluation (please check all that apply):

- MA-AUA member familiar with applicant's clinical skills
- Chief of Urology, Medical Director or Chair of the Credentials Committee at Hospital where applicant has privileges.
- Other (specify) _____

EVALUATION

Patient clinical skills/judgment: adequate inadequate cannot evaluate

I Recommend Do Not Recommend

_____ for _____ Membership in the MA-AUA.

Signature: _____ Date: _____

Please return this form to:
Mid-Atlantic Section of the AUA
1000 Corporate Boulevard | Linthicum, MD 21090
Direct: 410-689-3769 | Fax: 410-689-3825 | Email: info@maaua.org
www.maaua.org