



2001 6th Ave, Suite 2700, Seattle, WA 98121
info@acro.org 206-956-3642
www.acro.org

Residents Committee Applicant Contact Information

First Name	Middle Initial	Last Name		
Address		City	State	Zip
Email				
Home phone	Work phone	Fax	Pager	

Applicant Attestation:

I certify this application is accurate to the best of my knowledge. I agree to fully participate in the Residents Committee including but not limited to subcommittee coordination, monthly conference calls, and ACRO annual meeting participation.

Applicant Signature: _____

Date: _____

Completed applications should be scanned and emailed to: acroresident@gmail.com



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Residency Program Director Acknowledgement

To be filled out by Residency Director

I certify this resident in my program is in good standing. I will allow this resident to fully participate in the ACRO Resident Committee, including granting time for conference calls. I will also attempt to accommodate this resident's participation in the annual ACRO meeting.

Residency Program Director Name	Signature	Date
Residency Program		
Address	City	State Zip
Email (or preferred method of contact)		

Signature: _____ Date: _____

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