

AMEE Associate Fellow Application Letter of Support

Name of Applicant: _____

The above-named person has been known to me for _____ years. He/she is actively involved in medical/health professions education. I believe him/her to merit recognition as an AMEE Associate Fellow as described on the [AMEE website](#).

Signed : _____

Name: _____

Position: _____

Institution: _____

Relationship to applicant: _____

Date: _____