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**Annual Institutional Fellow Statement**

Please use this form to document your current and anticipated fellows. As a reminder, all fellows must apply for candidate membership with the ASTS. To learn more about the membership process, please visit [www.ASTS.org](http://www.ASTS.org). Please complete this form and email it directly to chelsey.gordon@asts.org **by June 30, 2016.**

**ASTS Accredited Fellowship Training Program**:

U.S. based programs: please provide the OPTN 4 letter code for all transplant centers associated with the fellowship training program. A complete list of OPTN transplant center codes are available at [OPTN Transplant Center Directory](https://optn.transplant.hrsa.gov/members/member-directory/?memberType=Transplant%20Centers).

1.
2.
3.

Fellows **completing** the fellowship in **2016**:

|  |  |  |
| --- | --- | --- |
| Name | Email | ASTS Candidate Member? |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |

Fellows **completing** the fellowship in **2017**:

|  |  |  |
| --- | --- | --- |
| Name | Email | ASTS Candidate Member? |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |

Fellows **beginning** the fellowship in **2016**:

|  |  |  |
| --- | --- | --- |
| Name | Email | ASTS Candidate Member? |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |