Radformation Quality Improvement Grant

Residency Program Director** Acknowledgement:

To be filled out by Residency Director

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

I certify this is a resident in my program in good standing. I will allow this resident to fully participate in the research required for this educational grant. I will also attempt to accommodate this resident's participation in the annual ACRO Annual Meeting in 2025.

Signature:_____ Date:_____

***For applicants that are current students and not in a training program, please have this form completed by your school's registrar or academic advisor.*

Please return this form to ACRO through the ACRO online submission portal.