**BDIAP Bursary Application:**

**USCAP 2024**

**23-28 March 2024, Baltimore, MD, United States**

**Verification Form**

**Head of Department/Educational Supervisor**

**NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the above-named applicant is a trainee working in my department.

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Signature Print Name

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Institution

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Date