

# Institutional Profile Revision Form



All membership category positions listed below are covered by the AUPN annual dues and therefore are entitled to all AUPN benefits. This includes receiving the weekly Saturday emails. Please complete the below and remit to [neuro@aupn.org](mailto:neuro@aupn.org). If there is not an individual in a specific role, please leave blank. **Chairs, please log into to [www.aupn.org](http://www.aupn.org) to update your personal profile.**

**Institution Name:**

## **Residency Program Director**

Name:

Suffix:

*(MD, PhD, etc.)*

Email:

## **Clerkship Director**

Name:

Suffix:

*(MD, PhD, etc.)*

Email:

## **Child Neurology Residency Program Director**

Name:

Suffix:

*(MD, PhD, etc.)*

Email:

## **Research Program Director**

Name:

Suffix:

*(MD, PhD, etc.)*

Email: