

family medicine
RESIDENCY CURRICULUM
resource

Residency Program Name: _____

Program Address: _____

Program City, State, and Zip: _____

ACGME Number: _____ AOA Number: _____

Program Director Name: _____

Program Director Email: _____

Program Administrator Name: _____

Program Administrator Email: _____

Program Administrator Phone: _____

Please create a username and password. Each must be at least 8 characters.

New Subscription Renewal

Username _____ Password _____

Number of Resident Positions: _____ **12 or fewer positions - \$1200 - More than 12 positions - \$1800**

Check enclosed: _____ **Make check payable to "AFMRD"**

Credit Card Information

Name on the Credit Card: _____

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Please mail payment to:

Sam Perner

Residency Curriculum Resource

11400 Tomahawk Creek Parkway

Leawood, KS 66211

Questions? Call 913-906-6359