



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

Signature Scan Form

Date: _____

Name: _____

This form is being used to record the proper, authorized signature for scanning. The APPNA CME Certificate will have the names of the RESA Chair, CME Chair and APPNA President, along with their signatures.

Please use the following guidelines:

- Mail/fax/email the form.
- Verify that this signature is the proper, authorized signature for your organization.
- Use a good quality black ink pen when signing your name.
- Please sign in all three boxes.