

DREAM Fellowship Program and
Summer Undergraduate Fellowship Program
Mentor Attestation/Indemnification
Signatures required by February 5, 2025

Your mentor application will be marked ineligible without this completed and uploaded form.

Attestation of Employer Support

The applicant's employer and host institution will support the application of this mentor for the DREAM and/or Summer Undergraduate Fellowship Programs. Employer resources, such as space, equipment, supplies, etc. are available to ensure the summer fellow can successfully complete the proposed project. The employer will be responsible for ensuring that any summer fellow under its employee's (mentor's) supervision will be knowledgeable of institutional and governmental policies and laws that apply to the fellow, particularly those related to radiation, electrical, chemical, biohazards, and fire safety.

Signature of Officer or Supervisor on Behalf of Employer

Date

Attestation of Employer Indemnification

The host institution and employer agree to indemnify and hold harmless the American Association of Physicists in Medicine (AAPM) from any and all claims, loss, damage, injury and liability, however caused, resulting from, arising out of, or in any way connected with the DREAM and/or Summer Undergraduate Fellowship Programs.

Signature of Officer or Supervisor on Behalf of Employer

Date

(optional) **Attestation of Employer's ability to support Deferred Action for Childhood Arrivals (DACA) students**

The applicant's employer and host institution will support the application of this mentor in processing any paperwork necessary to accept a DACA student. This would require AAPM to pay the \$6,000 fellowship stipend directly to the institution rather than to the student. The institution would then promptly disburse the full stipend to the fellowship recipient upon start date.

Signature of Officer or Supervisor on Behalf of Employer

Date