ACPSEM
Australasian College of Physical Scientists & Engineers in Medicine
ABN 44 005 379 162

Application for Admission to the Register of Qualified Medical Physicists

Forward completed applications to: *Register of Qualified Medical Physicists*
Suite 3.13 Aero 247, 247 Coward St, Mascot NSW 2020, Australia
t : +61 (2) 9700 8522 f : +61 (2) 9693 5145 e : admin@acpsem.org.au

Personal Details

Your name and the state and country in which you primarily work will be published on the Register. Tick the circle at the end of each field if you want the additional contact information in those fields also published on the Register.

Title:		ACPSEM Membership Number:	
Full Name:			
Address: *Must be in the state and country of primary work*			❍
Phone Numbers:	Work:	❍ Fax:	❍
	Home:	❍ Mobile:	❍
E-mail:			
			❍

Registration Details

Recognised Medical Physics Specialty: (circle those for which you are applying to be registered)

Radiation Oncology Medical Physics / Radiology Medical Physics / Nuclear Medicine Physics

Registration Category:
Only one category per form

A1 for Unlimited 1
A2 for Unlimited 2
B1 for Limited 1
B2 for Limited 2
B3 for Limited 3

	Application Fees (per specialty)	Member	Non-Member
A	Unlimited 1 ACPSEM Accredited Registrant	$55	$165
	Unlimited 2 Exceptional Circumstances	$825	$935
B	Limited 1 Experienced Non-Accredited Registrant	$55	$165
	Limited 2 Registrant Certified by an International Body Recognised by the ACPSEM	$55	$165
	Limited 3 Registrant Certified by an International Body Not Recognised by the ACPSEM	$385	$495

Acknowledgements and Agreements

I acknowledge that the information contained in this application is being collected to enable the ACPSEM to administer the Register of Qualified Medical Physicists (the Register).

I have read The ACPSEM Register of Qualified Medical Physics Specialists: ACPSEM Registration Guidelines (the Registration Guidelines).

While listed on the Register I agree to the following conditions:

1 I consent to the information collected in this application and as part of administering the Register to be used by the ACPSEM to administer the Register;
2 I shall abide by the ACPSEM code of ethics whether I am a member of the ACPSEM or not;
3 I agree for my name, the state and country in which I primarily work, my other contact details which I have indicated are available for publication and my registration status to be published in a list to be made available by the ACPSEM through various means, including on the ACPSEM website;
4 I provide permission for the ACPSEM to state whether I am on the Register to employers or regulators;
5 I shall maintain a prescribed CPD points score to remain on the Register as detailed in Schedule II of the Registration Guidelines and related documents administered by the ACPSEM CPD Coordinator;
6 If I have applied for Limited registration then my registration, if granted, will expire on 31 December 2010 unless I have upgraded to an Unlimited category; and
7 I may be removed from the Register if the Conditions of Registration specified in the Guidelines are not to be fulfilled.

Signature: _____ Date: / /

I have attached the following supporting documentation:

A	Unlimited 1	❑ A copy of my accreditation certificate from the ACPSEM for each Recognised Medical Physics Specialty for which I am applying for registration; and ❑ Evidence that I am eligible for ordinary membership of the ACPSEM (provide the documentation required as part of an application for ACPSEM ordinary membership including the membership application form but without signing the Obligation) or that I already hold ordinary membership of the ACPSEM (e.g. membership number above).
	Unlimited 2	❑ The contact details of two referees familiar with my work for each Recognised Medical Physics Specialty for which I am applying for registration (space is provided at the bottom of this form); ❑ Evidence of my performance at an Advanced Level of Competency for at least 10 years (refer to Schedule IV of the Registration Guidelines) for each Recognised Medical Physics Specialty for which I am applying for registration; and ❑ Evidence of my Outstanding Ability, Knowledge and Skill (refer to Schedule V of the Registration Guidelines) for each Recognised Medical Physics Specialty for which I am applying for registration.
B	Limited 1	❑ The contact details of two referees familiar with my work for each Recognised Medical Physics Specialty for which I am applying for registration (space is provided at the bottom of this form); ❑ A detailed curriculum vitae containing information on past professional experience in the relevant areas of medical physics including a list of publications, internal reports or other documents relating to the relevant specialty; ❑ The contact details of the Chief Physicist or Head of the Department in which I am working; and ❑ For those applications for admission to the Register in one of the specialties listed in Schedule VI of the Registration Guidelines, a signed statement based on Annex I of the Guidelines from the Chief Physicist or Head of the Department in which I am currently working.
	Limited 2	❑ The contact details of two referees familiar with my work for each Recognised Medical Physics Specialty for which I am applying for registration (space is provided at the bottom of this form); ❑ A detailed curriculum vitae containing information on past professional experience in the relevant areas of medical physics including a list of publications, internal reports or other documents relating to the relevant specialty; ❑ The contact details of the Chief Physicist or Head of the Department where I am working; and ❑ For those applications for admission to the Register in one of the specialties listed in Schedule VI of the Registration Guidelines, a signed statement based on Annex I of the Guidelines from the Chief Physicist or Head of the Department in which I am currently working.
	Limited 3	❑ The contact details of two referees familiar with my work for each Recognised Medical Physics Specialty for which I am applying for registration (space is provided at the bottom of this form); ❑ A detailed curriculum vitae containing information on past professional experience in the relevant areas of medical physics including a list of publications, internal reports or other documents relating to the relevant specialty; ❑ The contact details of the Chief Physicist or Head of the Department where I am working; ❑ For those applications for admission to the Register in one of the specialties listed in Schedule VI of the Registration Guidelines, a signed statement based on Annex I of the Guidelines from the Chief Physicist or Head of the Department in which I am currently working; ❑ Details of my medical physics qualifications, training, education and experience and the examination results obtained; and ❑ Details of the medical physics professional body in the country where my qualifications and experience were obtained.

First Referee: (advise this person of your application) Required for Admission to Categories A2, B1, B2 and B3.

Title:		Position:	
Full Name:			
Address:			
Phone Numbers:	Work:		Fax:
	Home:		Mobile:
E-mail:			

Second Referee: (advise this person of your application) Required for Admission to Categories A2, B1, B2 and B3.

Title:		Position:	
Full Name:			
Address:			
Phone Numbers:	Work:		Fax:
	Home:		Mobile:
E-mail:			

Chief Physicist or Head of the Department where you are working: Required for Admission to Categories B1, B2 and B3.

Title:		Position:	
Full Name:			
Address:			
Phone Numbers:	Work:		Fax:
	Home:		Mobile:
E-mail:			

Certification by Chief Physicist or Head of the Department

Required for Admission to Categories B1, B2 and B3 for Specialties listed in Schedule VI of the Guidelines.

Certification by Chief Physicist or Head of the Department

To the best of my knowledge, the information provided by the applicant is correct and in my opinion the applicant has demonstrated the knowledge and competencies specified in the relevant ACPSEM accreditation candidates kits detailed in Schedule VI in The ACPSEM Register of Qualified Medical Physics Specialists: ACPSEM Registration Guidelines and should be granted Limited 1 category/Limited 2 category/Limited 3 category (delete two) admission to the Register in the specialty stated below:

Specialty: _____

Name: _____

Position: _____

Signature: _____ Date: / /

Payment Summary

	Application Fees (per specialty)	Member	Non-Member	Number	Sub-total
A	Unlimited 1 ACPSEM Accredited Registrant	$55	$165		
	Unlimited 2 Exceptional Circumstances	$825	$935		
B	Limited 1 Experienced Non-Accredited Registrant	$55	$165		
	Limited 2 Registrant Certified by an International Body Recognised by the ACPSEM	$55	$165		
	Limited 3 Registrant Certified by an International Body Not Recognised by the ACPSEM	$385	$495		
				Total:	

Payment Method

Payment by cheque: Cheques should be made payable to "ACPSEM" and mailed with this application form to:
Register of Qualified Medical Physicists
Suite 3.13 Aero 247, 247 Coward St, Mascot NSW 2020, Australia
t : +61 (2) 9700 8522 f : +61 (2) 9693 5145 e : admin@acpsem.org.au

Payment by credit card: Please complete the following form.

Please charge my: ❑ MasterCard ❑ Visa

Card Number: _____ Expiry: /

Cardholder Name: _____

Cardholder Signature: _____

Office Use Only

1 Receipt	Date	By whom
Application received:	/ /	
Payment processed:	/ /	
2 Processing		
A1 applications		
Accreditation status confirmed:	/ /	
Eligibility for ordinary membership confirmed:	/ /	
A2, B1, B2 and B3 applications		
Application forwarded to accreditation panel:	/ /	
Result of application decided by accreditation panel:	/ /	
3 Decision		
Registration granted		
Register updated:	/ /	
Certificate issued:	/ /	
Registration denied		
Decision letter to applicant sent:	/ /	