# RTRSIG Practice Group Nomination Form

**Name**: **Date**:   
  
**Clinic**:   
  
**Position**:   
  
**Experience providing TEAP training**:

**Reason for wanting to join ROMP TEAP Resources Practice Group:**

Please indicate all areas of expertise that you wish to be involved in for reviewing training materials, by placing an X in the appropriate column(s) according to your amount of expertise (as it relates to TEAP training).

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| --- | --- | --- |
| **Key Area** | Key Area TEAP Expert: *currently or recently active in training registrars for this AND subject matter expertise* | Developing/General Expertise:  *newer trainer currently developing expertise as a trainer in this area, OR experienced trainer in other areas with general interest/knowledge for this area OR subject matter expert with limited TEAP experience* |
| 2 Radiation Safety and Protection |  |  |
| 3 Dosimetry |  |  |
| 4 Linear Accelerator-based Treatment |  |  |
| 5 MV External Beam Treatment Planning |  |  |
| 6 Superficial and Orthovoltage Therapy |  |  |
| 7 Imaging for Radiation Oncology |  |  |
| 8 Information and Communication Technology |  |  |
| 9 Brachytherapy |  |  |

*Note: Acceptance into the Practice Group is at the discretion of the Leadership Committee. Once accepted, members are responsible for actively participating in the work of the Special Interest Group. It is the responsibility of practice group members to inform a member of the Leadership Committee when they are no longer willing and/or eligible to participate.*