

# Application For Entry to the Training Assessment and Education Program

**Radiation Oncology**

**Diagnostic Imaging**

**Nuclear Medicine**

**Radiology**

(If selecting two specialties in diagnostic imaging, please tick both)

**Radiopharmaceutical Science**

Author:	ACPSEM	Changed:	G Flynn	Reviewed By:	DEI Working Group
Authorised By:	Professional Standards Board	Issue Date:	20/02/2024	Version No.:	2022 b.

## INSTRUCTIONS TO THE APPLICANT

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### Additional Information

It is highly recommended that the applicant read the policies and procedures pertaining to the TEAP program (available on the ACPSEM website [Policy Register](#)) to obtain details and the entry requirements pertaining to the specialty of interest as these requirements may vary depending upon the specialty. Further documentation on the TEAP programs for each specialty can be found on the ACPSEM's web site. Additional information can be obtained from the TEAP Program Coordinator for the required specialty.

### Acknowledgement by Department

Please ensure the Chief Medical Physicist/Radiopharmaceutical Scientist or Head of Department has signed the *"Previous Academic Details"* section (confirming that they have sighted your qualifications) and the *"Training Program Details"* section (confirming that you have been accepted into a clinical training position and been accepted into a post graduate degree program (if required)).

### Supply Proof of Qualifications

From 1 January 2023, official documentation provided for entry into the Training, Education and Assessment Program (TEAP) does not need to be certified by a Justice of the Peace. Copies of the official documentation can be reviewed, approved, and signed by your Chief Physicist a workplace manager equivalent.

### Claim recognition for Prior Learning or Experience

If you wish to claim recognition for any of the TEAP assessment components which form part of the certification process, please fill out **Appendix A** at the end of this application.

### Complete the Application Process

You will be advised when your application has been accepted. Your enrolment in the training program will be confirmed upon receipt of payment of the TEAP Fee.

Prompt payment of fees is required in order to maintain your position in the training program and to enable you to sit any examinations.

### ACPSEM Contact

Contact details for all the ACPSEM office staff and office bearers can be found on the ACPSEM's [website](#).

Please email your application along with your qualifications and academic transcript(s) to [admin.support@acpsem.org.au](mailto:admin.support@acpsem.org.au). Your qualifications and academic transcript(s) must be endorsed by your Chief Physicist (or equivalent) confirming they are true copies of the original documents.

## PERSONAL DETAILS

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**Family Name:**

**Given Names:**

**Do you prefer to be called by another name?**

**Title:**

**Gender:**

**Date of Birth:**

**Country of Birth:**

**How do you like to be referred to?**

**Do you identify as:**

## CONTACT DETAILS

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**Work Address:**

*address line 2*

*address line 3:*

**State:**

**Post Code:**

**Country:**

**Telephone Number:**

**Mobile:**

**Work Email:**

**Home Address:**

*address line 2:*

**State:**

**Post Code:**

**Country:**

## ACADEMIC DETAILS

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The original or certified copy of the degree(s) and the transcript of the academic record in the original language (and English translation if not in English) must be sighted by the person endorsing this application. Signed copies of these must be sent with this application unless already provided to the ACPSEM as part of membership application. Where assessment of degree courses from overseas is not available from the Department of Education, Skills and Employment (formally NOOSR) or NZQA, applicants will be required to submit detailed information to the ACPSEM.

### **Undergraduate Degree:**

- *Medical Physics applicants must have physics major and strong mathematics components or ACPSEM approved equivalent.*
- *Radiopharmaceutical Science applicants must have chemistry, pharmacy or medicinal chemistry major. A biochemistry major and other appropriate sciences may require bridging chemistry.*

## Undergraduate Degree:

**Name of Institution:**

**Address of Institution:**

address line 2:

address line 3:

**State:**

**Post Code:**

**Country:**

**Year commenced:**

**Year finished:**

**Name of degree obtained:**

**Majoring in:**

**To be signed on behalf of the employer:**

*I have sighted original or certified copies of the applicant's degree(s) and/or the transcript(s) of the academic record in the original language (and English translation if not in English).*

**Endorsed by:**

**Date:**

*(signed by Chief Medical Physicist/Radiopharmaceutical Scientist or Department Head)*

## ACPSEM Accredited Postgraduate Degree in Medical Physics/Radiopharmaceutical Sciences (currently enrolled in or accepted for enrolment):

**DO NOT FILL OUT THIS SECTION** if you have already **completed** a postgraduate degree in Medical Physics or Radiopharmaceutical Science and are claiming recognition for this (**see Appendix A**).

**Name of University offering degree:**

**Address of University:**

address line 2:

address line 3:

**State:**

**Post Code:**

**Country:**

**Course Coordinator:**

**Telephone Number:**

**Email:**

**Name of Degree:**

**Majoring in:**

**Duration:**

**Part Time**

**Full Time**

**Date Commenced/Commencing:**

**To be signed on behalf of the employer (if postgraduate degree not complete):**

The applicant has been accepted into the above course.

**Endorsed by:**

**Date:**

*(signed by Chief Medical Physicist/Radiopharmaceutical Scientist or Department Head)*

## TRAINING PROGRAM DETAILS

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### Current Clinical Training Position in an ACPSEM Accredited Department:

**Name of Clinical Department:**

**Address of Clinical Department:**

address line 2:

address line 3:

**State:**

**Post Code:**

**Country:**

**Chief Medical Physicist/Radiopharmaceutical Scientist <sup>1</sup>:**

**Telephone Number:**

**Email:**

**Clinical Supervisor:**

**Specialty:**

**Telephone Number:**

**Email:**

**Clinical Supervisor <sup>2</sup>:**

**Specialty:**

**Telephone Number:**

**Email:**

**Actual or intended date of commencing employment as a registrar:**

**Is this registrar employed under an ACPSEM Grant?**

Yes  No

**Endorsed by:**

**Date**

*(signed by Chief Medical Physicist/Radiopharmaceutical Scientist or Department Head)*

<sup>1</sup> This refers to the person who has overall responsibility for the medical physics or radiopharmaceutical science service in which the registrar is being trained

<sup>2</sup> If/when second speciality is nominated in the DIMP program

### Statement by the applicant:

- I hereby state the information provided in this form, and copies of my official documentation are true and correct. I understand that false, misleading, or omitted information given in application documents may result in my dismissal from the ACPSEM Training, Education and Assessment Program (TEAP). I affirm I have not committed fraud in undertaking the admission process.
- I hereby apply to undertake the Registrar Training Program in the selected specialty.
- I agree that the statements made by me in this application are correct to the best of my knowledge.
- I have read and signed Appendix B: Privacy Policy.
- If accepted into the ACPSEM Registrar Training, Education and Assessment Program I undertake to pay the fees as required and set by the ACPSEM. I understand that failure to pay the fees as required may result in me being excluded from the program and unable to sit for certification.
- I also undertake to perform the assessment tasks as required.
- At the completion of TEAP training and achieving certification, I agree to being included on the ACPSEM Register of Qualified Medical Physicists and Radiopharmaceutical Scientists (The Register), and further agree to the following conditions outlined on the [ACPSEM registration web page](#) while listed on the Register.

**Applicant's Signature:**

**Date:**

## APPENDIX A: RECOGNITION REQUEST

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### Recognition of Assessment Components

- I am claiming recognition of prior learning because I have completed an ACPSEM accredited (or approved) Masters degree. (See Appendix A.1)
- I am claiming recognition of prior learning because I have completed postgraduate degree(s) in medical physics/radiopharmaceutical science equivalent to an ACPSEM accredited (or approved) Masters degree. (See Appendix A.2)
- I am claiming recognition of prior learning equivalent to the research component of ACPSEM accredited (or approved) Masters degree because I have completed a relevant research degree (physics/medical physics or radiopharmaceutical science). (See Appendix A.3)
- I am claiming recognition of prior learning because I have published in a peer reviewed national or international scientific journal on the physical sciences or engineering. (See Appendix A.4 – *not applicable to ROMP TEAP*)
- I am claiming recognition of prior learning because I have presented (oral or poster) at a recognised national or international conference in a topic relevant to the clinical specialty I am enrolled in. (See Appendix A.5 – *not applicable to ROMP TEAP*)

Any successful claim is expected to result in a reduction of the time required to complete the program.

**Complete the relevant sections if the applicant is requesting recognition for, or exemption from, any part of the TEAP assessment components which form part of the certification process.**

- The original or certified copy of the degree(s) and the transcript of the academic record in the original language (and English translation if not in English) must be sighted by the person endorsing this application. **Certified copies of these must be sent with this application unless already provided to the ACPSEM as part of membership application.**
- Where assessment of degree course(s) from overseas is not available from Department of Education, Skills and Employment (formally NOOSR) or NZQA, applicants will be required to submit detailed information to the ACPSEM.
- If not an ACPSEM accredited degree, then provide details of the syllabus and/or details of your research thesis. Attach additional pages if required.

#### ***A1. Details of ACPSEM Accredited (or approved) Masters Degree***

**Name of institution:**

**Name of degree obtained:**

**Year commenced:**

**Year finished:**

***A2. Details of Post Graduate Degree in Medical Physics or Radiopharmaceutical Science***

**Name of institution:**

**Name of degree obtained:**

**Majoring in:**

**Year commenced:**

**Year finished:**

**Course Coordinator:**

**Telephone number:**

**Email:**

***A3. Details of Research Degree***

**Name of institution:**

**Name of degree obtained:**

**Majoring in:**

**Year commenced:**

**Year finished:**

**Course Coordinator:**

**Telephone number:**

**Email:**

If not an ACPSEM accredited degree, then provide details of the syllabus. Provide details of your research thesis. Attach additional pages if required.

***A4. Details of Publication(s) considered relevant to the Clinical Training Program***

**Details of publication(s) – please list below or attach separate list:**

***A5. Presentation(s) at National/International Conference(s)***

**Details of presentation(s) – please list below:**

## APPENDIX B: PRIVACY POLICY

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The ACPSEM collects your personal information in connection with our role in providing information, training, education, assessment and certification as a professional organisation for physical scientists and engineers in medicine. If you do not provide your personal information, we may not be able to do these things.

On your enrolment in TEAP, the ACPSEM provides your details to the Clinical Coordinator/Preceptor<sup>3</sup> for your training program. Other agencies may from time to time request de-identified information on registrars in the training program.

Information on your training and assessment may be stored on the ACPSEM's e-learning platform. On your enrolment in TEAP, the ACPSEM provides your Clinical Supervisor and Clinical Coordinator/Preceptor with access to your e-learning records.

In most cases, you are able to gain access to your personal information, which we will provide on written request.

## CONSENT FORM

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**Signed:**

**Date:**

**Print name:**

**Witness**

**Signed:**

**Date:**

**Print name:**

<sup>3</sup> Clinical Program Coordinators, Clinical Training Coordinators and Clinical Preceptors are individuals employed by a jurisdiction or an organization to support TEAP training. Some are state based, working with registrars from multiple hospitals. Others work within a single hospital. They may be based in public hospitals or in private practices.