



**APPLICATION FOR ADMISSION TO THE REGISTER OF QUALIFIED MEDICAL PHYSICS SPECIALISTS AND  
RADIOPHARMACEUTICAL SCIENCE SPECIALISTS**

**This form is based on the ACPSEM Registration Policy and Procedure, refer to these for further guidance.**

**Section 1: Registration Category and Speciality**

*Please indicate which speciality and Registration category you are applying for*

| Are you an / a           |  | Sections of form to complete   |
|--------------------------|--|--------------------------------|
| <input type="checkbox"/> | ACPSEM TEAP Certified Candidate  | 1, 2, 5, 9, 10                 |
| <input type="checkbox"/> | Experienced candidate: Radiation Oncology Medical Physics  | 1, 2, 3, 4, 5, 6a, 7, 8, 9, 10 |
| <input type="checkbox"/> | Experienced candidate: Nuclear Medicine Medical Physics  | 1, 2, 3, 4, 5, 6b, 7, 8, 9, 10 |
| <input type="checkbox"/> | Experienced candidate: Radiology Medical Physics   | 1, 2, 3, 4, 5, 6c, 7, 8, 9, 10 |
| <input type="checkbox"/> | Experienced candidate: Radiopharmaceutical Science   | 1, 2, 3, 4, 5, 6d, 7, 8, 9, 10 |
| <input type="checkbox"/> | Bespoke pathway candidate, please specify area of expertise described using the style: <i>[nature or action] of/for/in [setting or environment]</i><br>e.g. Radiation Protection in Healthcare | 1, 2, 3, 4, 5, 6e, 7, 8, 9, 10 |

**Section 2: Personal Details**

*\*Indicates mandatory fields released on the Register*

|  |  |
|--|--|
| <b>*Title:</b>   | <b>ACPSEM Member:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Postnominals:</b>   | <b>Gender:</b>   |
| <b>*Surname:</b>   |  |
| <b>*Given Names:</b>   |  |
| <b>Date of Birth:</b>  | <b>Country of Birth:</b>   |
| <b>At Birth, you were recorded as:</b>                                       | <b>How do you like to be referred to:</b>                                      |
| <b>Which cultural groups do you identify with (can denote more than one)</b> |  |
| <input type="checkbox"/> Aboriginal  | <input type="checkbox"/> Torres Strait Islander                                |
| <input type="checkbox"/> Northern European                                   | <input type="checkbox"/> Southern European                                     |
| <input type="checkbox"/> North African                                       | <input type="checkbox"/> Central & West African                                |
| <input type="checkbox"/> North-East Asian                                    | <input type="checkbox"/> Central Asian   |
| <input type="checkbox"/> South Sea Islander                                  | <input type="checkbox"/> North American  |
| <input type="checkbox"/> Caribbean Islander                                  | <input type="checkbox"/> Pacifika  |
| <input type="checkbox"/> Other (please specify):                             |  |
| <input type="checkbox"/> Māori   | <input type="checkbox"/> Pacific Islander                                      |
| <input type="checkbox"/> Eastern European                                    | <input type="checkbox"/> Western European                                      |
| <input type="checkbox"/> Southern & East Africa                              | <input type="checkbox"/> Middle Eastern  |
| <input type="checkbox"/> Southern Asian                                      | <input type="checkbox"/> South-East Asian                                      |
| <input type="checkbox"/> Central American                                    | <input type="checkbox"/> South American  |
| <input type="checkbox"/> None of the above                                   | <input type="checkbox"/> Prefer not to answer                                  |



**Section 2: Professional Details**

*\*Indicates mandatory fields released on the Register*

|                            |                    |
|----------------------------|--------------------|
| <b>Name of Department:</b> |                    |
| <b>Hospital/Facility:</b>  |                    |
| <b>Street Address:</b>     |                    |
| <b>Suburb:</b>             | <b>*State:</b>     |
| <b>*Country:</b>           | <b>Postcode:</b>   |
| <b>Mobile:</b>             | <b>Work Phone:</b> |
| <b>Email:</b>              |                    |

**Section 3: Degree(s)**

*Please submit certified copies of qualifications and transcripts by email. For documents in a language other than English, certified copies that are provided must be translated into English.*

| Degree or Diploma | Year | Tertiary Institution |
|-------------------|------|----------------------|
|                   |      |                      |
|                   |      |                      |
|                   |      |                      |
|                   |      |                      |

**Section 4: Overseas Certification and/ or Registration**

*Please attach certified copies registration/certification certificates where online access to registration database is not available.*

Provide information on any registration or certification as a Medical Physicist/ Radiopharmaceutical Scientist that you have achieved in any country.

| Registration/certification authority and status (if applicable): | Your Registration Number (if applicable): |
|--|---|
|  |   |
|  |   |

**Section 5: Professional Experience**

*Please attach the following to document professional experience*

- a) Curriculum Vitae detailing responsibilities in current and previous roles across domains of expertise**
- b) A summary of Continuing Professional Development (CPD) completed in the last three years.**



**Section 6: Domains of Expertise**

Please complete form relevant to your speciality of Medical Physics or Radiopharmaceutical Science

**Medical-Scientific Expert Domain**

**Important note:**

For Radiation Oncology/Nuclear Medicine/Radiology Medical Physicist or Radiopharmaceutical Science candidates holding overseas registration and/or certification detailed in section 5.2 of ACPSEM registration policy experience in each area must be stated but no attachments of evidence are required at this stage. ACPSEM may request further information in order to process the application.

For candidates NOT holding overseas registration/certification detailed in section 5.2 of ACPSEM registration policy separate attachments of reports, presentations, certificates, published papers, or other documents that shows how you meet the expectations must be included.

|   |  |
|---|--|
| <b>Medical-Scientific Expert Domain</b> | <p><b>Section 6a:</b><br/> <b>Radiation Oncology Medical Physics candidates</b><br/> <i>ROMP Registration Assessment Form</i></p>  |
|   | <p><b>Section 6b:</b><br/> <b>Nuclear Medicine Medical Physics candidates</b><br/> <i>DIMP Registration Assessment Form - Nuclear Medicine</i></p>   |
|   | <p><b>Section 6c:</b><br/> <b>Radiology Medical Physics candidates</b><br/> <i>DIMP Registration Assessment Form - Radiology</i></p>   |
|   | <p><b>Section 6d:</b><br/> <b>Radiopharmaceutical Science candidates</b><br/> <i>RPS Registration Assessment Form</i><br/> *** the RPS assessment form will be made available in November 2022</p> |
|   | <p><b>Section 6e:</b><br/> <b>Bespoke registration candidates</b><br/> <i>Bespoke Registration Assessment Form</i></p>   |

**Section 7: Portfolio items of best work**

Provide three recent items of work from your portfolio, across a breadth of practice, that demonstrate:

- Critical and thorough scientific thinking
- High-quality written scientific communication skills
- The impact of the work in context
- Independent decision-making
- Competent scientific practice

Note: These may be from the evidence provided in section 6.



## Section 8: CanMEDS Intrinsic Domains

### Evidence of Experience

Where appropriate include separate attachments of reports, presentations, certificates, published papers, or other documents that support your self-reflections of how you meet the expectations of these six (6) intrinsic domains

#### Communicator & Collaborator Domain

#### Reflection Statement

Your own self-reflection of examples when you have acted as a **communicator** and **collaborator** in a professional setting. 500 words (+/- 10%)

These may relate to items of portfolio work or be from other career episodes.

The reflection should identify the actions taken, and lessons learned from the episodes.

- Please refer to the Professional Criteria (ACPSEM Scope of Practice of a Medical Physics Practitioner) derived from the TEAP Curriculum Framework as a reference guide in writing your reflection statement.



Leader & Health Advocate Domain

**Reflection Statement**

Your own self-reflection of examples when you have acted as an **informal or formal leader** and a **health advocate** in a professional setting. 500 words (+/- 10%)

These may relate to items of portfolio work or be from other career episodes. It could include audit activities undertaken or dedicated projects to demonstrate the health advocate role.

The reflection should identify the actions taken, and lessons learned from the episodes.

- Please refer to the Professional Criteria (ACPSEM Scope of Practice of a Medical Physics Practitioner) derived from the TEAP Curriculum Framework as a reference guide in writing your reflection statement.



|                       |   |
|-----------------------|---|
| <b>Scholar Domain</b> | <p><b>Please provide a summary of your activities in the areas below</b> to demonstrate the scholar role<br/>500 words (+/- 10%)</p> <p><b>1) Research and Publication</b><br/>Peer reviewed publications<br/>Presentations given at meetings<br/>Research projects undertaken, posters or papers published<br/>Grants or awards received<br/>Major reports on original work</p> <p>Note: <i>CPD records in section 5 contribute to evidence for the scholar domain</i></p> |
|-----------------------|---|



Professional Domain

**English Language proficiency**

For those candidates whose degrees/qualifications were not in English, please provide evidence of English language proficiency, in line with categories below:

| Evidence of English Language Ability  |                |                |           |              |                                    |     | Indicate the category of evidence |
|---|----------------|----------------|-----------|--------------|------------------------------------|-----|-----------------------------------|
| Achieved the required minimum scores in one of the accepted English language tests:   |                |                |           |              |                                    |     | <input type="checkbox"/>          |
| English Language proficiency level = Proficient   | Test component | IELTS Academic | TOEFL iBT | PTE Academic | Cambridge English: Advanced (CAE)* | OET |                                   |
|   | Listening      | 7.0            | 24        | 65           | 185                                | B   |                                   |
|   | Reading        | 7.0            | 24        | 65           | 185                                | B   |                                   |
|   | Writing        | 7.0            | 27        | 65           | 185                                | B   |                                   |
|   | Speaking       | 7.0            | 23        | 65           | 185                                | B   |                                   |
| <p>*From 1 Jan 2015 and only for a Cambridge English: Advanced (CAE) test taken on or after 1Jan 2015</p> <p><b>IELTS</b> Academic means the International English Language Testing System.<br/> <b>TOEFL iBT</b> means the Test of English as a Foreign Language internet-based test.<br/> <b>PTE</b> Academic means the Pearson Test of English Academic.<br/> <b>OET</b> means Occupational English Test.</p> <p>NOTE: You MUST supply your original Test Report Form. Test results will only be accepted from one test sitting and if they were obtained within the two years before the date you lodge your application.</p> |                |                |           |              |                                    |     |                                   |
| All secondary education was completed in a nominated English-speaking country*  |                |                |           |              |                                    |     | <input type="checkbox"/>          |
| One or all your professional qualifications were completed in a nominated English-speaking country*, and you were resident in that country for the period in which the qualification(s) were completed.   |                |                |           |              |                                    |     | <input type="checkbox"/>          |
| At least 2 years relevant work experience in the past 5 years in a nominated English-speaking country*  |                |                |           |              |                                    |     | <input type="checkbox"/>          |

\* Certified copies of documents are to be provided as evidence. A nominated English-speaking country is any one of Australia, New Zealand, the United Kingdom, Ireland, Canada or the United States of America.

A written statement on letterhead of the educational institution or place of employment, plus contact details of the person providing the statement, is considered suitable evidence of English language-based education or employment.

If ACPSEM has any doubt about your English language ability, ACPSEM reserves the right to request that you provide the required evidence by taking the IELTS test.



Professional Domain

**Reflection statement**

Provide a reflection on one or more specific professional situations where they demonstrated **professionalism**. 500 words (+/- 10%)

This should include one or more of the realms of: ethical practice, high personal standards of behaviour, accountability to the profession and society, profession-led regulation, or maintenance of personal health.

- Please refer to the Professional Criteria (ACPSEM Scope of Practice of a Medical Physics Practitioner) derived from the TEAP Curriculum Framework as a reference guide in writing your reflection statement.





**SECTION 9: Referees**

*Referees must be at a level of seniority and sufficiently familiar with the applicant to comment*

**REFEREE 1**

Given Names:

Surname:

Relationship to you e.g. manager, senior colleague, past colleague:

Current Position:

Qualifications:

Professional address:

Phone:

Email:

**REFEREE 2**

Given Names:

Surname:

Relationship to you e.g. manager, senior colleague, past colleague:

Current Position:

Qualifications:

Professional Address:

Phone:

Email:

**SECTION 10: Obligation**

I acknowledge that the information contained in this application is being collected to enable the ACPSEM to administer the Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists (the Register).

I accept that ACPSEM will retain the information in accordance with privacy guidelines and may share, upon request, consolidated information with industry and government organisations.

I have read The ACPSEM Registration Policy and Registration Procedure

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, Registration category, speciality, principal place of practice and expiry date if relevant as well as my other contact details which I have indicated are available for publication 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 administered by the ACPSEM CPD Coordinator;
6. I shall continue to practice at least 450 hours in each three-year period in order to maintain my registration.
7. I understand that my Registration, if granted, will expire upon when the current Registration Period ends.
8. To renew my Registration, I will provide a record of my CPD activities via the ACPSEM CPD tracker that complies with the requirements specified in the CPD User Handbook.
9. I may be removed from the Register if the Conditions of Registration specified in the Registration Policy are not to be fulfilled.

**Signature of Applicant:****Date:**

Information regarding Registration Application Fees can be found on the [ACPSEM Marketplace](#)  
Payments can be made via our online system. [Please click here to make your payment](#)

**Completed applications are to be emailed to:** [admin.support@acpsem.org.au](mailto:admin.support@acpsem.org.au)