



APPLICATION FOR ADMISSION TO THE REGISTER OF QUALIFIED MEDICAL PHYSICS SPECIALISTS

When completing your application:

- Ensure you have read the ACPSEM Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists: Registration Requirements Policy v4.0
- Complete the Application Checklist and Application Form for the intended Registration category
- Print clearly in BLOCK letters

APPLICATION CHECKLIST

This is intended to assist applicants in ensuring all appropriate sections are completed and supporting documentation is provided on submission as to not delay the assessment process.

If you are		Checklist	
<input type="checkbox"/>	ACPSEM Certified Candidate who satisfies the requirements specified in Section 4 of the Registration Requirements Policy v4.0	<input type="checkbox"/>	Complete Sections 1, 2, 7 & 8
		<input type="checkbox"/>	If you have achieved ACPSEM certification less than three years before the time of this application, no other supporting documents are required
		<input type="checkbox"/>	If you have achieved ACPSEM certification more than three years before the time of this application, you will need to provide: <ul style="list-style-type: none"> • Evidence of regular clinical practise since Certification/Accreditation was achieved (Section 4); and • Evidence of CPD participation (in Australia, New Zealand or internationally)
<input type="checkbox"/>	TEAP Registrar who satisfies the requirements specified in Section 4 of the Registration Requirements Policy v4.0	<input type="checkbox"/>	Complete Sections 1, 2, 7 & 8
		<input type="checkbox"/>	No other Supporting documents required
<input type="checkbox"/>	Experienced Candidate who satisfies the requirements specified in Section 5 of the Registration Requirements Policy v4.0	<input type="checkbox"/>	If you have current ACPSEM Limited Registration as at 16 th February 2018, please review Section 10 of the Registration Requirements Policy v4.0 and relevant Appendix before applying. <ul style="list-style-type: none"> • Complete Sections 1, 2, 4, 7 & 8 • No other supporting documents are required. After the application is processed, you will be contacted for a structured interview.
		<input type="checkbox"/>	All other experienced candidates please: <ul style="list-style-type: none"> • Complete all sections of the application. • Provide the following documents as specified in the relevant Appendix along with the application form: <ul style="list-style-type: none"> ○ Detailed curriculum vitae including information on past professional experience and a list of publications ○ Certified copy of bachelor degree & transcript ○ Certified copy of postgraduate degree & transcript ○ Contact details of Chief Physicist or Head of Department of current/most recent position ○ Signed recommendation by the Chief Physicist ○ Contact details of two referees, familiar with your work for each speciality for which you are applying for Registration ○ Evidence of certification by recognised international body, if applicable ○ Evidence of demonstrated knowledge and competency as defined for the speciality in the Policy. ○ Evidence of professionalism (ROMP only) If the required standards have been demonstrated you will be contacted for a structured interview. If not you will be notified of the result of your application.

Send completed applications to:

The ACPSEM Register of Qualified Medical Physics Specialists
Attention: Education Programme Officer
Suite 7.12 AERO 247, 247 Coward Street
Mascot, NSW 2020, AUSTRALIA

Author :	Professional Standards Board	Changed by:	Susie Zhong	Reviewed by:	Certification Panel Chairs
Authorised by:	PSB Chair	Issue date:	23/02/2018	Version No:	V3
File Location :	S:\Qualified Medical Physicists Register\FORMS\RQMPS Application Form.docx				

SECTION 1: ADMISSION TO THE REGISTER (please indicate which speciality and Registration category this application is intended for, a separate application is required for admission to individual specialities)

Speciality	
<input type="checkbox"/>	Radiation Oncology Medical Physics
<input type="checkbox"/>	Nuclear Medicine Medical Physics
<input type="checkbox"/>	Radiology Medical Physics

Are you an / a	
<input type="checkbox"/>	ACPSEM Certified Candidate who satisfies the requirements specified in Section 4 of the Registration Requirement Policy
<input type="checkbox"/>	TEAP Registrar who satisfies the requirements specified in Section 4 of the Policy
<input type="checkbox"/>	Experienced Candidates who have current ACPSEM Limited Registration as at 16 th February 2018
<input type="checkbox"/>	Other Experienced Candidate who satisfies the requirements specified in Section 5 of the Policy

SECTION 2: PERSONAL DETAILS *indicates mandatory fields which will be released on the Register please tick the boxes if you wish for any additional fields of information to be released on the Register.

*Title:			
*Surname			
*Given names:			
ACPSEM Member:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Date of Birth:			<input type="checkbox"/>
Current/most recent Position:			<input type="checkbox"/>
*Principal place of practice (City only):			
Professional Address:			<input type="checkbox"/>
Phone:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>
Email address:	<input type="checkbox"/>		

SECTION 3: QUALIFICATIONS (please submit certified copies of qualifications and transcripts by post)

Degree or Diploma	Year	Tertiary Institution	Class

SECTION 4: PROFESSIONAL EXPERIENCE

4.1 Provide information on any certification as a medical physicist that you have achieved in any country.

Certification authority and status (if applicable):

Your Certification Number (if applicable):

4.2 Provide detailed information on all centres where you have gained professional experience (attach additional pages if you require more space). Where possible, attach a referee's report from your supervisor in each centre at which you have worked.

The ACPSEM *may* contact each institution listed for confirmation of the provided information.

Institution 1	
Name of Institution:	
Contact person name:	Contact person email:
Position held by you:	Date commenced:
Hours worked per week:	Date finished:
Description of your responsibilities and experience gained:	
List of your publications and/or conference presentations (if applicable):	

Institution 2	
Name of Institution:	
Contact person name:	Contact person email:
Position held by you:	Date commenced:
Hours worked per week:	Date finished:
Description of your responsibilities and experience gained:	
List of your publications and/or conference presentations (if applicable):	

Institution 3	
Name of Institution:	
Contact person name:	Contact person email:
Position held by you:	Date commenced:
Hours worked per week:	Date finished:

Description of your responsibilities and experience gained:
List of your publications and/or conference presentations (if applicable):

SECTION 5: RECOMMENDATION BY CHIEF PHYSICIST

Details of Chief Medical Physicist		
Surname:	Given Names:	Title:
Current Position:	Qualifications:	
To the best of my knowledge, the information provided by the applicant is correct and in my opinion the applicant meets the requirements specified in the ACPSEM Registration Requirements Policy. The applicant has demonstrated the knowledge and competencies of a qualified medical physicist and should be granted admission to the Register of Qualified Medical Physics Specialists in the following specialities: Radiology Medical Physics/ Radiation Oncology Medical Physics/ Nuclear Medicine Medical Physics (cross out those not applicable).		
Signature:	Date: / /	

SECTION 6: DETAILS OF REFEREES *(at least one Referee should be an Australian or New Zealand Medical Physics Professional)*

REFEREE 1		
Surname:	Given Names:	Title:
Current Position:	Qualifications:	
Professional address:		
Phone:	Fax:	Email:
REFEREE 2		
Surname:	Given Names:	Title:
Current Position:	Qualifications:	
Professional Address:		
Phone:	Fax:	Email:

SECTION 7: 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 (the Register).

I have read The ACPSEM Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists: ACPSEM Registration Requirements.

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, principle 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 understand that my Registration, if granted, will expire upon when the current Registration Period ends.
7. 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.
8. I may be removed from the Register if the Conditions of Registration specified in the Registration Requirements are not to be fulfilled.

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

SECTION 8: FEES (all fees are shown in AUD, exclusive of GST and increase by CPI each year)

	TEAP Registrar and ACPSEM Certified Candidates	Candidates with ACPSEM Limited Registration as at 16th Feb 2018	Other Candidates
Application Fee	Free	Free	Member: \$950 Non-Member: \$1065
Degree Assessment if applicable	N/A	N/A	\$885
Interview Fee	N/A	\$1325	Member: \$1725 Non Member: \$2040
*Written Exam Fee Only if ROMP Candidates fail the Interview	N/A	N/A	Members: \$560 Non Members: \$685
Registration Fee	Member: Free Non-Member: \$195	Member: Free Non-Member: \$195	Member: Free Non- Member: \$195
Total			

Payment methods:

Cheques: To be mailed with the application form and payable to ACPSEM (see Submission details for address).

Credit Card: Please complete the details below

Master card: Visa:

Card Number: **Expiry:** /

Cardholder Name:

Signature of card holder _____ **Date** _____

OFFICE USE ONLY	
Date received	
Registration #	
Invoice #	
Date entered	