CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

LE COLLÈGE CANADIEN DES PHYSICIENS EN MÉDECINE

Application for Fellowship in the CCPM

(All Information must be printed or typed)

Section 1. General Information

Name:_____
FIRST MIDDLE OR INITIAL LAST

(Enter name as you would want it to appear on your certificate)

Title: Mr. ☐ Ms. ☐ Mrs. ☐ Dr:☐

Address: _____
_____
_____
_____
_____
POSTAL CODE

Phone: _____
Fax: _____
E-Mail: _____

Certification: MCCPM ☐ ABR ☐ ABMP ☐ Other _____ Year certified: _____

References:

Medical Physicist: Name: _____ Certification: _____
Institution: _____ Phone: _____
Address: _____
_____
Relationship to Applicant: _____

Medical Physicist: Name: _____ Certification: _____
Institution: _____ Phone: _____
Address: _____
_____
Relationship to Applicant: _____

Physician: Name: _____ Certification: _____
Institution: _____ Phone: _____

Address: _____

_____

Relationship to Applicant: _____

Section 2. Provide the information requested below on this sheet or a separate sheet or, for Sections 2.1 to 2.3, indicate that the information is clearly stated in your attached CV:

2.1 Education: see CV ☐

INSTITUTION	MAJOR	DATES ATTENDED	DEGREE

2.2 Professional Societies (including other certifications): see CV ☐

SOCIETY	DATES	MEMBERSHIP GRADE	OFFICES HELD

2.3 University, Cancer Clinic and Hospital Appointments: see CV ☐

INSTITUTION	DEPARTMENT	APPOINTMENT	DATES

2.4 Professional Experience: see CV ☐

EMPLOYER	TITLE OR POSITION	DUTIES	DATES

Section 3. Application for Fellowship

Fill out parts A, B and C.

A. EXPERIENCE:

I am applying to take the 20_____ Fellowship exam. As of _____(date) I claim the following service toward the required seven years experience in medical physics:

Insert Details:

Claim one year for each year of full time equivalent on-the-job experience in medical physics.
(**Do not** count any of the time in a university degree program):

(A minimum of seven years is required.)

Claim_____ Years

B. SELECT SUB-SPECIALITY:

Radiation Oncology Physics: ☐ Je demande que l'examen oral se déroule en français ☐*
Nuclear Medicine Physics: ☐
Diagnostic Radiological Physics: ☐
Magnetic Resonance Imaging: ☐

*** Le CCPM s'efforcera d'offrir l'examen oral en français, lorsque demandé. Cependant, ceci ne peut être garanti, car dépendant de la disponibilité des examinateurs compétents.**

C. CANADIAN CONNECTION REQUIREMENT:

The membership certification process is intended to serve Canadians. Candidates are expected to fulfill at least one of the following. Please check one:

☐ Canadian Citizen ☐ Resident of Canada ☐ Completed a university degree in Canada

☐ Completed a medical physics residency program in Canada ☐ Confirmed job offer in Canada

D. Non Disclosure Agreement (Regulations section C.8.1)

☐ I have read the CCPM Regulations, in particular Sections C.8.1 and D.3.3, and by signing this application, I acknowledge I am aware of the CCPM statement of Non disclosure and Cheating and agree to abide by it.

I certify that the information contained in this application and in the accompanying curriculum vitae is true. I agree to accept the Board of the Canadian College of Physicists in Medicine as the sole judge of my qualifications in order to be and to remain a Member of the College. I authorize the CCPM to contact individuals and/or institutions for any confirmation that is needed.

Signed_____ Date_____

Completed forms and application fee should be sent to:

Mail:
CCPM Registrar
300 March Road, Suite 202
Kanata ON K2K 2E2
CANADA

If paying by credit card, please complete the following:

Visa/MasterCard #:_____ Exp.Date _____/_____

CVV: _____

Card Holder's Name: _____

Signature: _____