



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: _____

Phone: _____
Fax: _____
E-Mail: _____

POSTAL CODE _____

Certification: MCCPM 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:

INSTITUTION	MAJOR	DATES ATTENDED	DEGREE	see CV <input type="checkbox"/>
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2.2 Professional Societies (including other certifications):

SOCIETY	DATES	MEMBERSHIP GRADE	OFFICES HELD	see CV <input type="checkbox"/>
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2.3 University, Cancer Clinic and Hospital Appointments:

INSTITUTION	DEPARTMENT	APPOINTMENT	DATES	see CV <input type="checkbox"/>
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2.4 Professional Experience:

EMPLOYER	TITLE OR POSITION	DUTIES	DATES	see CV <input type="checkbox"/>
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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

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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 _____

Send completed forms to info@ccpm.ca

Please visit ccpm.ca to complete payment for Fellowship application. Order # _____