

**Application for Membership in the CCPM**

**(All information must be printed or typed)**

**Section 1. General Information**

Title: Mr.[ ]  Ms. [ ]  Mrs. [ ]  Dr. [ ]

Name as you would want it to appear on your certificate (First, Middle (optional), Last Name):

Mailing address (include Country):

Phone number:

Email:

**References**

Note: Re: US NRC Authorized Medical Physicist Status:

The U.S. NRC accepts MCCPM as part of a shortened application for Authorized Medical Physicist status if the Radiation Oncology Physics MCCPM applicant was supervised by a MCCPM or ABR certified medical physicist for a period of at least 2 years by March 31st of the exam year.

\* Radiation Oncology Sub-Specialty: Indicate whether you have been supervised for a minimum of 2 years by a **MCCPM or ABR**-certified person as described above:

No [ ]  Yes [ ]  (if Yes, supervisor’s name and certification):

If applicable, projected date of completion:

**Referee Information**

**\***For applicants who have completed a CAMPEP-accredited residency program, one of the letters of reference must be provided by their residency mentor or by the program director or site coordinator. For applicants who have completed a Bridging program, one of the letters of reference must be provided by the program mentor. Denote this information in the “Relationship to applicant”.

|  |  |
| --- | --- |
| Name of Certified Medical Physicist  |  |
| Certification of Medical Physicist |  |
| Institution |  |
| Relationship to applicant |  |
| Phone number |  |
| Mailing address & country |  |

|  |  |
| --- | --- |
| Name of Medical Physicist  |  |
| Certification of Medical Physicist  |  |
| Institution |  |
| Relationship to applicant |  |
| Phone number |  |
| Mailing address & country |  |

|  |  |
| --- | --- |
| Name of Certified Physician |  |
| Certification of Physician |  |
| Institution |  |
| Relationship to applicant |  |
| Phone number |  |
| Mailing address & country |  |

**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 curriculum vitae (CV):**

2.1 Education [Minimum M.Sc. from an accredited university in relevant field – Bylaws Article 2.02 (a)]:

As clearly stated on CV [ ]

Highest degree granted: M.Sc. [ ]  Ph.D. [ ]  Other:

Institution:

Major:

Year:

*Other education*

Institution:

Major:

Dates attended:

Degree:

2.2 Professional Societies (including other certifications) As clearly stated on CV [ ]

Society:

Dates:

Membership grade:

Offices Held:

2.3 University, Cancer Clinic and Hospital Appointments As clearly stated on CV [ ]

Institution:

Department:

Appointment:

Dates:

2.4 Professional Experience As clearly stated on CV [ ]

Employer:

Title or Position:

Duties:

Dates:

**Section 3. Application for Membership**

Fill out parts A, B, C and D.

**A. Required Patient-Related Experience: (Regulations section D.2.2)**

Applicants for the Membership examination shall possess a minimum of two years full time equivalent comprehensive patient related experience in physics as applied to medicine following the qualifying degree as defined in section D.2.1. This experience must be completed by March 31st of the year the examination is to be taken and must have been acquired in the previous 5 years.

**Regulations section D.2.1** - Applicants for the Membership examination shall possess a Masters or Doctoral degree from an accredited university or college in Medical Physics, Physics, Science with Physics as a major option, Engineering or Applied Mathematics

I am applying to take the 20\_\_ membership exam and confirm that as of \_\_\_ ( dd/mm/yy), I will have \_\_\_ years of patient-related experience as defined in the CCPM Regulations.

Claim one year for each year of full time equivalent patient-related job experience in medical physics. (**Do not** count any of the time in a university degree program). **A minimum of two years is required.**

Start date (dd/mm/yy):

Completion date (dd/mm/yy):

**B. Select Sub-Specialty:**

[ ]  Radiation Oncology Physics

[ ]  Nuclear Medicine Physics

[ ]  Diagnostic Radiological Physics

[ ]  Magnetic Resonance Imaging

**C. Canadian Connection Requirement: (Regulations section D.2.7)**

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 [ ]  Completed a medical Bridging program in Canada

 [ ]  Confirmed job offer in Canada

**D. Non-Disclosure and Cheating (Regulations section C.8)**

[ ]  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 (CV) 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.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit application, including your CV, as a PDF to** **info@ccpm.ca**