

Application for Support of Clinical Residency in Imaging

Sponsored by

The American Association of
Physicists in Medicine

Application Deadline: April 20, 2012

Institution Information (Please print or type all information)

Institution Name: _____

Contact Name: _____

Address: _____

Phone: () _____ Fax: ()__

E-mail: _____

Residency will take place in the following clinical department(s)*:

1. _____

2. _____

Physicist Program Director: _____

Director/Chair of Imaging: _____

This application has the support of the following institutional representatives:

1. Name: ____

Title: _____

2. Name (Administration): _____

Title: _____

The Institution agrees to allocate additional stipend and fringe benefits to provide compensation equivalence as follows:

YEAR	SALARY	FRINGE BENEFITS
1		
2		

Documentation (please read carefully):

On supplemental sheets of paper, the applying institution must provide:

1. Names and relevant information (e.g. curricula vitae, ***no more than 2 pages each***) on faculty/staff that have major responsibilities in the program. In addition, the names and relevant information on all professional physicists who are associated with the program and staffing levels in all physics areas must be indicated.
2. Detailed outlines of the residency program which document conformance with recommendations of the AAPM report, printed in July 1990, titled: "Essentials and Guidelines of Hospital-Based Medical Physics Residency Training Programs" (***no more than five pages***).
3. Anticipated selection criteria and planned didactic instruction for persons without a degree in medical physics. All courses to be taken by the resident should be indicated.
4. Prior experience with **clinical** medical physics residency training, including names and addresses of at least the last three residents.
5. **Please submit the full application, including supporting material. Failure to do so will constitute an incomplete application submission and will not be reviewed.**

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