



Hong Kong Association of Medical Physics

Application for Certification of Medical Physicists

General Information:

An application fee of HK\$1,000 for each specialty applied must be submitted with this application.

Please indicate your preference of the specialty that you are applying for certification:

Radiotherapy Physics
 Imaging Physics
 Engineering Physics
 Health Physics

Personal Information

Surname																					Prof /Dr /Mr /Mrs /Ms *
Other Names																					
Identity No.											HKID / Passport No. *										
Postal Address																					
E-mail Address																					
Day Time Contact Tel. No.						Fax No.															

Academic Qualification

Bach. Degree University																Yr Awarded		
Master Degree University																Yr Awarded		
Doctoral Degree University																Yr Awarded		

Remarks: Self-certified true copy of certificate(s) is required to be submitted with the application.

Professional Qualification

List in chronological order. Please give details on a separate sheet when necessary.

Year Awarded		Institutions / Organizations	Memberships
Mth	Yr		

* delete as appropriate

Applicant's Surname & Initials

Present Employment

Employer

Postal Address

Job Title

Date of Employment [dd-mm-yy] - -

Previous Relevant Employment

List in chronological order. Please give details on a separate sheet when necessary.

Fm mth/yr	To mth/yr	Name and Address of Employer	Position Held (Please indicate FT or PT) and Major Responsibilities

Applicant's Surname & Initials

Professional Referees

Proposer Prof /Dr /Mr /Mrs /Ms *

Postal Address

Date [dd-mm-yy] _____ Proposer's Signature _____

Supporter Prof /Dr /Mr /Mrs /Ms *

Postal Address

Date [dd-mm-yy] _____ Supporter's Signature _____

Declaration

I declare that the information given in this application form and any other documents attached are true, correct and complete. I also understand that the decision made by the Executive Committee of HKAMP on this application shall be final.

Date [dd-mm-yy] _____ Applicant's Signature _____

* delete as appropriate

Notes:

1. Applicant must be a Full Member of HKAMP.
2. Applicant must be a physicist currently practicing in the specialty applied.
3. Applicant must have documentary proof of ABR certification or equivalence in the specialty applied.
4. The Proposer and Supporter shall be Certified Medical Physicists of HKAMP.
5. A crossed cheque made payable to "Hong Kong Association of Medical Physics Limited" together with this application and supporting documents shall be sent to "Dr. Jerry Cheung, Room 37, G/F, Professorial Block, Queen Mary Hospital, Pokfulam, Hong Kong".
6. The application fee is non-refundable.
7. The successful applicant shall be issued a certificate.

Office Use Only

Date received - - e-Acknow. done - -

Cert. included [Yes / No] Specialty Rad / Img / Eng / Health

Fee included [Yes / No] Cert. issued - -

Remarks _____