



# 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. Thomas Ng, The Secretary of the Examination Committee, HKAMP, Oncology Centre Basement 3, Main Block, St Teresa's Hospital, Kowloon".
6. The application fee is non-refundable.
7. The successful applicant shall be issued a certificate.

**Office Use Only**

Date received	<input type="text"/> - <input type="text"/> - <input type="text"/>	e-Acknow. done	<input type="text"/> - <input type="text"/> - <input type="text"/>
Cert. included	[Yes / No]	Specialty	Rad / Img / Eng / Health
Fee included	[Yes / No]	Cert. issued	<input type="text"/> - <input type="text"/> - <input type="text"/>
		Remarks	_____