



# Medical Physics Residency/Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Education

Have you completed a Master's or Doctorate in Medical Physics from a CAMPEP accredited graduate program?

\_\_\_\_\_  
\_\_\_\_\_

If your above answer was no, have you completed a Doctorate degree in a related field with appropriate didactic coursework as outlined in AAPM Report No. 197S? If yes, what field?

\_\_\_\_\_  
\_\_\_\_\_

If no to both questions above, when will you complete your graduate program, what field is it in, and how will you fulfill the CAMPEP requirements as outlined in AAPM Report No. 197S before entering this program?

\_\_\_\_\_  
\_\_\_\_\_

What is your current ABR status? (i.e. not applied, approved to take part I, passed part II, ABR certified, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Other Requirements

**\*\*Applications must be accompanied by curriculum vitae, official transcripts, three letters of reference with current contact information, and a statement of interest including why you are interested in a medical physics career.**

Please be aware that any acceptance into the Radcom Associates, Inc. Medical Physics Residency Program will be contingent upon a clear background check including excluded parties list, eligibility to work in the U.S., and keeping all professional licensing, training, continuing education, and health records/vaccinations up to date.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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