

# *Application for Harvard Medical Physics Residency Program Medical Physics Certificate Program*

Beth Israel Deaconess Medical Center  
Brigham & Women's Hospital  
Massachusetts General Hospital

All documentation must be submitted electronically to [hmsmedphys@partners.org](mailto:hmsmedphys@partners.org).

## **Personal Data**

Name:	
Date of birth:	
Present Address:	
Phone:	
Email:	

## **Employment History**

List all employment (begin with current employer or most recent employer). If you have more entries, include them in your CV.

Employer Name & Address	Type of Work	Dates

**CAMPEP requires individuals to fulfill didactic requirements prior to entering a clinical physics residency program. Individuals interested in a Certificate Program must have a doctoral degree in physics, physical science, or engineering with either an undergraduate degree in physics or at least three upper-division (3<sup>rd</sup> or 4<sup>th</sup> year undergraduate) physics courses and two calculus-based undergraduate physics courses.**

## **Undergraduate Education**

School	City/State	Degree	Year	Major Field of Study

**Graduate Education (list all degrees separately)**

School	City/State	Degree	Year	Major Field of Study
Thesis Title:			Advisor:	

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Thesis Title:			Advisor:	

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Thesis Title:			Advisor:	

Two Semesters of general physics with calculus:

Course:	
Course:	

Three upper level courses in Physics:

Course:	
Course:	
Course:	

**Letters of Recommendation**

List below the name of the professional references who will write recommendation letters. **At least two letters are required.** Letters of reference should be submitted directly to **[hmsmedphys@partners.org](mailto:hmsmedphys@partners.org)**.

Name:	
Name:	
Name:	

**Please also submit:**

- **A personal statement to express your interest in our certificate program and why you are interested in a career in medical physics**
- **A current copy of your CV**
- **Undergraduate and graduate transcripts**

Please also indicate if you plan to complete the entire Certificate Program or if you plan to take individual courses (provide list). Please clarify in your statement if necessary.

**Additional Required information:**

Have you, under this name or any other name, ever been convicted of a crime (felony or misdemeanor including DUI/DWI/OWI)?

No                      Yes

If yes, provide details:	
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Have you ever been reprimanded, censored, placed on probation, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with any licensing board, school or residency or training program?

No                      Yes

If yes, provide details:	
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Have you ever been charged with or investigated for an academic or professional integrity/honesty code violation?

No                      Yes

If yes, provide details:	
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**Citizenship/Visa Status**

Select your citizenship status:

If non-US, list citizenship:	
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Do you currently hold a valid US visa?

If yes, what type of visa do you hold?	
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We are unable to provide sponsorship for any visa for the Spring 2018 semester due to the short admissions timeline.

