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.

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Personal Data				
Name:				
Date of birth:				
Present Address:				
Phone:				
Email:				
Employment Hist	•			
	, 0	th current employer or mo	ost recent employer)	. If you have more
entries, include the	em in your C	CV.		
Employer Name &	Addross	Type of Work	Dates	
Employer Name &	Address	Type of Work	Dates	
CAMPEP require	es individua	ls to fulfill didactic requ	uirements prior to	entering a clinical
_		Individuals interested in	_	S
2 0		hysical science, or engin	C	
		three upper-division (3rd		

Undergraduate Education

School	City/State	Degree	Year	Major Field of Study

courses and two calculus-based undergraduate physics courses.

Graduate Education (list all degrees separately)

School	City/State	Degree	Year	Major Field of Study	
Thesis Title:				Advisor:	
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School	City/State	Degree	Year	Major Field of Study	
Thesis Title:				Advisor:	
School	City/State	Degree	Year	Major Field of Study	
Belloof	City/State	Degree	1 Cai	Wildow Field of Study	
Thesis Title:				Advisor:	
Two Semeste	ers of general p	hysics with	calculus	<u>s:</u>	
Course:					
Course:					
m		DI '			
	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.					
s					
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:

Yes

No

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

If yes, provide details:

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:

Have you ever been charged with or investigated for an academic or professional integrity/honesty code violation?

No Yes

If yes, provide details:

Citizenship/Visa Status

Select your citizenship status:

If non-US, list citizenship:

Do you currently hold a valid US visa?

If yes, what type of visa do you hold?

We are unable to provide sponsorship for any visa for the Spring 2018 semester due to the short admissions timeline.

Completing the section below is voluntary.

This information will not affect the consideration of your application.

Equal Opportunity/Affirmative Actio

The Harvard-affiliated hospitals are committed to a policy of Affirmative Action and to help us comply with government record-keeping regulations, please complete the following checklist. The information provided will be kept confidential and will not be used to make admission decisions. We request that you describe yourself by checking the appropriate boxes below.

Gender:			
Race:			
Veteran Status Military veteran:	No	Yes	
Disabled military veteran:	No	Yes	
<u>Disability</u> (A physical or mental impathose related to employment):	irment that sul	ostantially limits one or mo	re major life activities, including
	No	Yes	
If yes, please indicate any accommo	dations that i	may be required to comp	lete your studies:
Applicant's Certification			
I certify all the information I have	e provided is	s complete and accurate	e.
Applicant's signat			Date
Applicant 8 Signat	uic		Daic