

# *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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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 visa sponsorship.

Completing the section below is voluntary.

This information will not affect the consideration of your application.

**Equal Opportunity/Affirmative Action**

To help us comply with CAMPEP reporting requirements, 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

**Disability** (A physical or mental impairment that substantially limits one or more major life activities, including those related to employment):

                                            No                      Yes

If yes, please indicate any accommodations that may be required to complete your studies:

**Applicant's Certification**

I certify all the information I have provided is complete and accurate.

_____	_____
Applicant's signature	Date