

Host Institution Application Form

To be completed by the Host Institution (not in the USA or Canada) to request an Exchange Scientist, or by the Exchange Scientist when the visit has already been arranged.

Part I

Host Institution and Address: 63, Lake Circus Kolabagan Dhaka 1305

Country: Bangladesh

Name of Contact Person: Prof. Hasin Anupama Azhari Title: PhD

Telephone: Country code: +88 City code: _____ Number(s): 01711841063

FAX: _____ N/A email: ahasinanupama@gmail.com

Please briefly describe the activities you would like the Exchange Scientist to participate in:

Also in other countries where there is no certification board like Bangladesh, Bhutan, Nepal. So we need volunteers for written exam question bank. Also we are in process of formation of the Bangladesh Medical Physics Certification Board.

Specialties needed TRP, Dx, Nucl Med, Health Physics at levels similar to IMPCB, CCPM, and ABR

Please indicate special requirements such as special knowledge, language other than English etc:

Qualified Exchange Scientists with > 5- years clinical experience

Questions may be used by IMPCB if appropriate but there is no guarantee will be used.

How soon do you want the scientist to visit and for how long: As soon as possible

Please contact Hasin A. Azhari, PhD by email if you are interested to help.

Part II

If you have already made arrangements with the scientist, please complete the following, otherwise go to part III:

Name of Scientist: _____

Address: _____

AAPM Exchange Scientist Program

Telephone number: _____

Part III

The AAPM Exchange Scientist Program is a volunteer, non-funded program. There is no guarantee that an Exchange Scientist will be found within the time frame requested. All expenses are provided or obtained by the Host Institution and/or the Exchange Scientist. All financial arrangements, if any, are to be made directly between the requesting Host Institution and the Exchange Scientist. **Activities will be carried out without any financial support from the AAPM. Neither the AAPM, its members, nor its officers will assume liability for any damage sustained by the Exchange Scientist and/or the host institution as the result of activity(ies) associated with this exchange program.**

Signature for the Host Institution: _____ 

Please print name: _____ Prof. HasinAnupamaAzhari

Title: _____ PhD Date: _____ 15th December 2018

Please send the completed form by regular mail, or fax to:

The Chair of the AAPM Exchange Scientist Program Subcommittee.
c/o AAPM
1631 Prince Street
Alexandria, VA 22314
(571) 298-1301 (fax)

or by email to The Chair of the AAPM Exchange Scientist Program Subcommittee.

Sunset Date is December 31, 2023 unless extended by ESPS Chair