

AAPM Exchange Scientist Program

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 Contact Information:

Institution _____

Address _____

Country _____ Postal Code _____

Contact Person _____ Title _____

Telephone: Country Code + _____ City Code _____ Number _____

email _____

Please briefly describe the activities you would like the Exchange Scientist to participate in (*required*): _____

Specialties needed: _____

Special requirements such as special knowledge, language other than English etc: _____

How soon do you want the scientist to visit and for how long? _____

Part II

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

Name of Scientist: _____

Address: _____

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: _____

Title: _____ Date: _____

Please send the completed form by regular mail, or email to;
The Chair of the AAPM Exchange Scientist Program Subcommittee.
c/o AAPM, 1631 Prince Street, Alexandria, VA 22314 | (571) 298-1301 (fax)