Fellowships for
Undergraduate Summer Study
in Medical Physics
Student Application

10-week summer research or clinical experience in medical physics  Summer 2015

The American Association of Physicists in Medicine (AAPM) is pleased to announce the availability of its Summer Undergraduate Fellowship Program for 2015. The program is designed to provide opportunities for undergraduate university students to gain exposure to and experience in medical physics by performing research in a medical physics laboratory or assisting with clinical service at a clinical facility.

Medical Physics is a creative, expanding, and rewarding profession for the young scientist about to choose a career. Most large medical centers employ academic-based medical physicists, and many smaller hospitals and clinics are seeking well-trained, qualified medical physicists. Qualified medical physicists are required to have an M.S. or Ph.D. degree, and it is estimated that there are approximately 7,074 AAPM members practicing medical physics in the United States and Canada. Read more about Medical Physics at: http://www.aapm.org/publicgeneral/default.asp.

The mission of the AAPM is to advance the practice of physics in medicine and biology by encouraging innovative research and development, disseminating scientific and technical information, fostering education and professional development of medical physicists, and promoting the highest quality medical services for patients. This program supports this mission by introducing bright young scientists to the field of medical physics through summer fellowships.

Upload Application and Return supporting documents to:

American Association of Physicists in Medicine
Attn: Summer Undergraduate Fellowship Program/Jacqueline Ogburn
One Physics Ellipse
College Park, MD 20740-3846

For more information, contact Jacqueline Ogburn:
Phone: (301) 209-3394 Fax: (301) 209-0862 E-mail: jackie@aapm.org
http://www.aapm.org

Completed Application Receipt Deadline: February 2, 2015
American Association of Physicists in Medicine
Student Application

2015 Summer Undergraduate Fellowship Program

1. Eligibility- Each applicant shall have completed at least 2 years of their undergraduate studies, but shall not have graduated, i.e. rank of junior or senior. Seniors graduating in May 2015 are not eligible. Preference will be made to applicants that have declared a major or be eligible to declare a major in physics, engineering, or other science. Applicant must have completed courses in mathematics at least through differential equations, modern physics/quantum mechanics, electricity and magnetism or equivalent courses in engineering sciences. Summer Undergraduate Fellowships are restricted to U.S. Citizens, Canadian Citizens, and Permanent Residents of the U.S.

2. Award Period- The fellowship will be for a period of 10 weeks during the summer academic period (May to September).

3. Application Process- Applicants should perform the following tasks and forward the appropriate information to AAPM Headquarters by the requested deadline:
   (1) Complete and sign the attached application.
   (2) Provide an official, comprehensive copy of their university transcript.
   (3) Provide two or three letters of reference (preferably from your university professors or a qualified medical physicist). Each reference should be sealed in an envelope addressed to AAPM Headquarters, Attn: Summer Undergraduate Fellowship Program. The reference should sign the envelope across the seal.
   (4) Construct a 1-page typewritten self-statement (font with Times New Roman, 11 pts minimum, and 1” margin space all around). It should include a brief academic history, a statement of how one became knowledgeable of medical physics, and one’s future goals upon graduation. Extensions for the application deadline will not be granted.

4. Criteria for Evaluation- The Summer Undergraduate Fellowship Program Subcommittee will evaluate all applications. The subcommittee will first make an evaluation of the applicant’s ability to be successful in the program. If deemed acceptable, then the applicant will be ranked. Applicants with sufficiently high rankings will be matched to a mentor’s program that best matches their request and that meets program approval. The applicant will then be contacted and given 1 week to accept an offer. Acceptance requires providing proof of health insurance.

5. Travel and Accommodations- All summer fellows will be responsible for obtaining and paying expenses for travel to and from the summer work site, for living expenses, and any other personal expenses. However, the host institution and mentor might assist the fellow by providing information on temporary housing. The Summer Undergraduate Fellowship Program strongly encourages students who are awarded a fellowship to enter in early and constant communication with their assigned advisors and the Summer Undergraduate Fellowship Program management team to avoid any expense if the awarded fellow does not complete the Summer Undergraduate Fellowship Program.

6. Remuneration- The summer fellow will receive a stipend of $5,000 for the 10-week period. This is not a salary; it is meant solely to subsidize students so that they may participate in the program. The $5,000 stipend will be paid by the AAPM in two equal installments. If the summer fellow does not complete the full summer internship program they shall not receive the full stipend.

7. Fellow Insurance- The AAPM will not provide any form of insurance coverage for the fellow at any time and specifically will not provide any insurance coverage for the fellow while they are working and in residence at a host institution for their summer experience. The mentor is encouraged to work proactively with the host institution to establish appropriate insurance coverage for the summer fellow ahead of their arrival. This might be achieved for example by the institution designating the Fellow as a “worker”, “student trainee”, “volunteer” or other appropriate personnel category. There are no other benefits. The summer fellow is responsible for health and any other insurance.
American Association of Physicists in Medicine Student Application

2015 Summer Undergraduate Fellowship Program

(All official Transcripts and Reference Letters must be received by February 2, 2015)

Complete Application Receipt Deadline: February 2, 2015

I. Personal Data (please print or type all information)

Name: __________________________ __________________________

Current Mailing Address: _________________________________________

Phone: (_____) _______________ E-mail: __________________________

(Check one box)
☐ U.S. Citizen ☐ Permanent Resident ☐ Canadian Citizen

Racial/Ethnic Heritage (Check one box - optional):
☐ African American/Black ☐ American Indian or Alaska Native (tribal affiliation) __________
☐ Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese ☐ Other Asian/Pacific Islander
☐ Hispanic/Latino ☐ White/Non-Hispanic

Gender ☐ Female ☐ Male

☐ Check here if you agree to allow AAPM share your contact information with Medical Physics Graduate programs

II. Student Status

Applicant University: __________________________________________________________

Major (check one): ☐ Physics ☐ Other: ________________________________

Rank as of: Fall 2014 (check one): ☐ Senior ☐ Junior ☐ Other: __________

Cumulative GPA: __________

III. Preferences

Program (check preferences): ☐ Research Lab ☐ Patient Clinic

Discipline (check preferences): ☐ Radiation Therapy ☐ Diagnostic Imaging

☐ Nuclear Medicine ☐ All are acceptable

Earliest start date: __________________________ Latest end date: __________________________

Geographic region: ☐ Required: __________________________

☐ Preferred: __________________________

☐ None

IV. Required Supporting Documents (check to indicate compliance)

1. Official transcripts of all university study ☐
2. Letters of reference (2 or 3) ☐
3. Self statement (1 page typed) ☐

V. Statement of Accuracy

The information provided on this application is true and complete. If deemed otherwise, I understand that the AAPM can withdraw support within 7 calendar days of receipt of written notice of same.

Signature __________________________ Date __________________________