

Exchange Scientist Application Form

To be completed by an AAPM member to apply for Exchange Scientist Status

Part A

Name: _____

Degree: _____ Title: _____

Mailing Address: _____

_____ Home or Office
(circle one)

Other Addresses:

_____ Home or Office
(circle one)

Telephone number(s):

FAX: _____ email: _____

Years of Experience in

Medical Physics Research: _____ Field: _____

Medical Physics Teaching: _____ Field: _____

Clinical Medical Physics: _____ Field: _____

Board Certification:

ABR: Year of Certification: _____ Field: _____

ABMP: Year of Certification: _____ Field: _____

CCPM: Year of Certification: _____ Field: _____

AAPM Exchange Scientist Program

Languages other than English:

_____ Fluency: Mother tongue / Read & Write / Adequate
(circle one)

_____ Fluency: Mother tongue / Read & Write / Adequate
(circle one)

Remarks: Please indicate countries/regions and other special interests

Part B

If you have already made arrangements with the host institution, please complete the following, otherwise go to part C:

Host Institution and Address:

Country: _____

Telephone: Country code: _____ City code: _____ Number(s): _____

FAX: _____ email: _____

Contact person at Host Institution:

Address, Phone, Fax and email if not the same as above:

Name of AAPM Liaison to the country/region: _____

AAPM Exchange Scientist Program

Purpose of Visit: _____

Estimated Departure Date: _____ Approx Duration of Exchange: _____

Please enclose a copy of the Host Institution AAPM Exchange Scientist Request Form as necessary.

Part C

I understand that if I am appointed, I will be given the title of "AAPM Exchange Scientist" and provided with a letter to this effect. All financial arrangements, if any, are to be made directly between the requesting host institution and the appointed Exchange Scientist. After the visit, the Exchange Scientist will submit a brief written report within 6 months to the IAC describing the scientific activities. The report should also include information useful to future Exchange Scientists and/or the Exchange Program, such as names of key physicists from the host country, recommended follow-up, travel concerns etc. **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.**

Applicant's signature: _____ Date: _____

Please print this form and mail the completed form to:

The Chair of the AAPM Exchange Scientist Program Subcommittee.
c/o AAPM
One Physics Ellipse
College Park, MD 20740
(301) 209-0862 (fax)

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