

Partners In Physics Application



**The American Association of Physicists in Medicine
One Physics Ellipse, College Park, MD 20740-3846
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PARTNER'S IN PHYSICS PROGRAM
American Association of Physicists in Medicine
Organized by
International Affairs Committee

Purpose

Partner's in Physics (PIP) is a program that provides AAPM membership and professional contacts to medical physicists in developing countries. The program consists of individual relationships between a physics partner in a developing country and a sponsoring partner from the United States. There is no cost to the partner in the developing country. The membership dues are paid by the sponsoring partner. There are two membership categories. The regular membership category is currently fifty percent of the Full membership annual dues and the electronic membership category is one fourth of the Full membership annual dues. The partner in the developing country receives *Medical Physics* and other AAPM publications (hard copy or electronic) that are generally distributed to the membership.

Qualifications

A member under the Partner's in Physics Program must meet all requirements for AAPM membership, including a graduate degree in physical science and experience in the field of medical physics.

Application Process

An application for AAPM membership under the Partner's in Physics Program is available on the AAPM website at www.aapm.org. It can be submitted by either postal mail or E-mail.

Sponsors

The number of memberships under the partnership program is limited by the availability of sponsoring partners. The International Affairs Committee will work with applicants to arrange for sponsors as much as possible.

Collaboration

Collaboration between partners is encouraged. This can include collaboration on projects, exchange of information, and visits to each other's institutions.



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PARTNERS IN PHYSICS MEMBERSHIP APPLICATION (Please print/type information)

- Dr.
 Mr.
 Ms.

Last Name First Middle

ADDRESS: Birth Date: _____ Female Male

Dept/Title

Street Address

City State Zip Code (please include four digit extension)

Phone Fax Email Web Address

EDUCATION: (List most recently received degree first)

Institution Major Dates Attended Degree Received

PROFESSIONAL EXPERIENCE:

Employer: _____ Dates (month/year): _____.

Title/Position: _____.

Duties (Be Specific): _____

Employer: _____ Dates (month/year): _____.

Title/Position: _____.

Duties (Be Specific): _____

MEDICAL PHYSICS ACTIVITIES: (Organizations, Committees, Etc.)
(Insert additional lines if necessary)

REFERENCE: Indicate the name and complete address (E-mail if available) of at least one person who can serve as a reference and verify your application.

Signature of Applicant: (Not required if sent by e-mail)

_____ **Date:** _____

Mail to: Mahadevappa Mahesh, PhD – Johns Hopkins University – Department of Radiology- JHOC 4235, 601, N. Caroline Street- Baltimore, MD 21287-0856- **USA** or E-Mail as attachment to: mmahesh@jhmi.edu or you can fax the application to Attention: Mahadevappa Mahesh (410) 614-1977.