HOST INSTITUTION APPLICATION FORM

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)