

1. Name of Applicant

|  |
|--|
|  |
|--|

2. Contact Details

|            |            |        |
|------------|------------|--------|
| Address:   |            |        |
| Telephone: | Facsimile: | Email: |

3. Specialty the applicant wishes to be approved to perform the necessary dosimetric calculations, measurements and monitoring for the purposes of the ARPANSA *Code of practice for the exposure of humans to ionizing radiation for research purposes (2005)* (Research Code):

- Diagnostic radiology
- Nuclear Medicine
- Radiotherapy

4. Applicants must:

- (a) attach copies of professional qualifications; and
- (b) attach current curriculum vitae; and
- (c) either:
  - (i) attach evidence that they hold an accreditation by the Australian College of Physical Scientists and Engineers in Medicine (ACPSEM) in the chosen specialty; or
  - (ii) demonstrate that they hold an equivalent level of training to that required to be accredited by the ACPSEM.

5. Please indicate whether, if approved as a medical physicist for the purposes of the Research Code, you wish your name to be publicly available:

- Yes
- No

**Return completed form, and attachments, to:** Director  
Radiation Health Unit  
PO Box 2368  
FORTITUDE VALLEY BC QLD 4006

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_