

# Application for an Approval as a Medical Physicist for the purposes of RPS8

1. Name of Applicant

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2. Contact Details

Address:		
Telephone:	Facsimile:	Email:

3. Specialty for which you wish 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. You must attach:

- (a) copies of your professional qualifications; and
- (b) your current curriculum vitae; and
- (c) evidence that you have the experience and the level of expertise necessary to be recognised as a medical physics expert in one of the above specialty areas.

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  
Health Protection Branch  
PO Box 2368  
FORTITUDE VALLEY BC QLD 4006

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**Signature of Applicant**

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**Date**