

Virginia Commonwealth University Medical Physics Residency Program Application

Applying for year: _____

PERSONAL INFORMATION

Name

Last/Family/Surname

First/Given

Middle

Suffix

Current Address

Street

City

State/Province

Zipcode

Country

Primary Phone: _____

Secondary Phone: _____

Primary Email: _____

Secondary Email: _____

Are you currently authorized to work lawfully in the United States? ☐ Yes ☐ No

Do you now, or will you in the future, require sponsorship to work lawfully in the United States? ☐ Yes ☐ No

If yes, please provide your current immigration status and the expiration date of your status.

ABR CERTIFICATION STATUS

☐ Have Not Applied

☐ Passed Part I Year _____

☐ ABR Certified Year _____

☐ Approved to Take Part I

☐ Passed Part II Year _____

EDUCATION

Most Recent Degree Earned (MS or PhD)

Institution Name

City

State/Province

Country

Degree

Major Field of Study

Year Completed

GPA (4.0 scale)

Have you completed a CAMPEP-accredited medical physics graduate program?

☐ YES

☐ NO

Have you completed a CAMPEP-accredited certificate program in medical physics?

☐ YES

☐ NO

Indicate which of the following **undergraduate pre-requisite courses** you have completed, and list the course names as they are listed on your transcript.

☐ Two semesters of general physics with calculus

Course: _____

Course: _____

☐ Three upper-level courses in physics (e.g. *Electricity and Magnetism, Atomic Physics, Nuclear Physics, Modern Physics, Quantum Mechanics, Mechanics*)

Course: _____

Course: _____

Course: _____

Indicate which of the following **graduate pre-requisite core requirements** you have completed, and list the course names. If applicable, list the completed courses that may serve as equivalents of those core requirements.

- | | |
|---|---------------|
| <input type="checkbox"/> Radiological Physics and Dosimetry | Course: _____ |
| <input type="checkbox"/> Radiation Protection and Safety | Course: _____ |
| <input type="checkbox"/> Fundamentals of Medical Imaging | Course: _____ |
| <input type="checkbox"/> Radiobiology | Course: _____ |
| <input type="checkbox"/> Anatomy and Physiology | Course: _____ |
| <input type="checkbox"/> Radiation Therapy Physics | Course: _____ |

PROFESSIONAL AND/OR ACADEMIC REFERENCES

Please list three (3) references below; have these individuals send reference statements to the following email: medphys@vcu.edu. In the subject line, please list the applicant's first and last name, followed by "reference."

Reference 1

<i>Name</i>	<i>Position</i>	<i>Institution</i>	<i>Email</i>
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Reference 2

<i>Name</i>	<i>Position</i>	<i>Institution</i>	<i>Email</i>
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Reference 3

<i>Name</i>	<i>Position</i>	<i>Institution</i>	<i>Email</i>
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ADDITIONAL DOCUMENTS

Along with this application, send the following documents in one email to the following address: medphys@vcu.edu

CV

Submit a current CV. Please include publications, awards, and presentations.

Personal Statement

Include a 1-page statement regarding anything you would like the application committee to know about yourself, such as your academic and professional background, research interests, reasons for interest in our residency program, and goals/future plans you have in the field of medical physics.

Transcripts

Submit transcripts from all institutions listed on your CV and application. Please include copies of official translations when necessary. Scanned, electronic, and/or unofficial transcripts will be accepted for the application review process.

If you are in the process of completing your graduate studies, please indicate below which courses are not included in the transcripts submitted.

DISCLOSURES

Note to all applicants: You are not required to disclose information concerning convictions that have been annulled, expunged, impounded, sealed, pardoned, or statutorily eradicated. A criminal conviction will not constitute an automatic bar to admission; however, falsifying your application by omitting information will be grounds to bar admission.

Have you ever been convicted of a crime (felony or misdemeanor including DUI/DWI/OWI)? ☐ YES ☐ NO

Have you ever been reprimanded, censored, placed on probation, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with any licensing board, school of residency/training program? ☐ YES ☐ NO

Have you ever been charged with or investigated for an academic or professional integrity/honesty code violation? ☐ YES ☐ NO

If YES to any of the questions above, please provide details on a separate page.

The information contained in this application and accompanying documents is accurate to the best of my knowledge.

Applicant Signature

Date (mm/dd/yyyy)

Virginia Commonwealth University and VCU Health are equal opportunity/affirmative action institutions providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, disability, or any other protected characteristic.