

Application
ordinary membership in the Czech Association of Medical Physicists

Surname: _____ First name: _____

Title: _____ Date of birth: _____

Field of action:

- physics in diagnostic radiology nuclear medicine radiotherapy
 radiobiology education radiation protection research
 production, trade others:

Address of workplace:

E-mail: _____

Telephone: _____

Accommodation address (if different from address of workplace):

E-mail _____

Telephone: _____

University education (medical physicist) - master's degree

University: _____

Field: _____

Accredited qualifying course: _____

Specialized qualification (medical physics expert):

Field: _____

Date: _____

Postgraduate education (Ph.D.):

Field: _____

Date: _____

Registration number of certificate for medical physics expert:

Validity till: _____

I apply for the ordinary membership in the Czech Association of Medical Physicists (CAMP) and I agree with the mission and aims of this association.

Date: _____

Signature: _____

I agree with publishing of my surname, first name, titles, address, telephone and E-mail on web pages of the Czech Association of Medical Physicists after login.

Date: _____

Signature: _____

Opinion of the CAMP committee:

Date of admission: _____

Signature of the CAMP president: _____

Registration number of CAMP: _____

Send the application with the copy of your university diploma to the following address:

Ing. Ivana Horáková, CSc., National Radiation Protection Institute, Šrobárova, 48100 00 Praha 10, Czech Republic
or by email to: ivana.horakova@suro.cz (scan).