

EVIDENCE OF WORKING AS A MEDICAL PHYSICIST



ICPM

To be completed by the applicant's Supervisor,
Line Manager or HR Manager:

You have been asked to complete this form as proof of engagement in the practice of the Medical Physics. This person is applying for registration as a Medical Physics Expert. You can only complete this form if you have been the applicant's Supervisor, Line Manager or HR Manager. You must not be related to the applicant.

Applicant

Name:

Works/worked as a Medical Physicist from (dd/mm/yyyy) to (dd/mm/yyyy)

Organisation:

Department:

Address:

Supervisor, Line Manager or HR Manager

Name:

Email:

Telephone:

I hereby declare that, to the best of my knowledge, the information above is correct and I give my permission to the ICPM to contact me to verify any details.

Additional comments in support of the application:

Name:

Date: