

LETTER OF SUPPORT



ICPM

To be completed by applicant and forwarded to your supporters for verification in support of application for registration as an Expert Member

Applicant

Name:

Email:

Telephone:

Specialist Area of Expertise: (Select one of the Following)

Diagnostic Radiology and Imaging Physics

Therapeutic Applications of Ionising Radiation

Clinical Diagnostics and Therapeutics

Supporter

Supporters must be an Expert Member or Fellow of the ICPM or a Medical Physics Expert registered with the Department of Health.

Name

ICPM Membership No. or MPE Registration No.:

Email:

Telephone:

Specialist Area of Expertise: (Select one of the Following)

Diagnostic Radiology and Imaging Physics

Therapeutic Applications of Ionising Radiation

Clinical Diagnostics and Therapeutics

I can confirm that the above-named applicant is currently working in the field of Medical Physics and has three or more years of advanced experience working as a physicist in medicine with responsibility for patient care, of which at least 6 months has been in Ireland.

I confirm that I have known the above applicant in a professional capacity for ___ years and in my opinion the applicant has demonstrated competence in their chosen field of medical physics and in the relevant Irish legislation and regulatory guidance.

I support their application to the register.

Additional comments in support of the application:

Name:

Date: