

# LETTER OF SUPPORT



## ICPM

To be completed by applicant and forwarded to your supporters for verification in support of application for registration as a Pre-Registration 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 two or more years of clinical work training 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 Pre-Registration Membership.**

**Additional comments in support of the application:**

Name:

Date: