

MEDICAL AND DENTAL PROFESSIONS BOARD

COMMITTEE FOR MEDICAL SCIENCE

**EVALUATION OF TRAINING FACILITIES FOR ACCREDITATION FOR
TRAINING INTERN MEDICAL PHYSICISTS**

**INFORMATION: LABORATORIES APPLYING TO BE EVALUATED FOR
ACCREDITATION FOR INTERN TRAINING**

Please complete the attached form and provide information on the facility that is applying to be evaluated for accreditation for training of intern medical physicists.

1. PARTICULARS OF TRAINING FACILITY / AFFILIATION	
University / Private Institution	
Head of facility:	
Address:	
E-mail:	
Telephone:	Fax:

2. PARTICULARS OF TRAINING DIVISION AND COORDINATOR	
Training Division/Department	
Coordinator of Training Programme	
Address:	
E-mail:	
Telephone:	Fax:

3. DISCIPLINE FOR WHICH APPLICATION IS MADE	
Medical Physics	