

Application for Medical Physics Residency Program Cross Cancer Institute

Application for

Residency Program in Medical Physics - Radiation Oncology Physics

Residency Program in Medical Physics - Diagnostic Imaging Physics

Please type or print application

Name

Last	First		Middle	
Present Address				
Street Address	City	Province	Country	Postal Code
Telephone Number		Mail Address		
Present Address and Telephone	Number are in Effect until What Date?	<u>, </u>		
Permanent / Correspondence	ce Mailing Address			
Street Address	City	Province	Country	Postal Code
Permanent Telephone Number				
Are you legally entitled to wor	k in Canada?			
Yes	No			
What date are you available t	o begin the Residency Program?			
Year Month	Day			

Education List degrees, honours, majors, minors Provide official transcripts Attach photocopy of medical physics course descriptions from university calendar if applicable					
	Name of School and Address	Degree	Major and Minor	Complete	Incomplete

Employment History	List all employment. Begin with your most recent employer. Use additional pages if necessary.		
Employer (Name and Ad	ldress)		
Title of My Desition		Datas of Employment: From	То
		Dates of Employment. From	10
Name of Supervisor		Supervisor's Title	
My Responsibilities			
Title of My Position Name of Supervisor My Responsibilities		Dates of Employment: From Supervisor's Title	То

Employment History continued			
Employer (Name and Address)			
Title of My Position	Dates of Employment: From	То	
	Dates of Employment. From	10	
Name of Supervisor	Supervisor's Title		
My Responsibilities			
Employer (Name and Address)			
Title of My Position	Dates of Employment: From	То	
Name of Supervisor	Supervisor's Title		
My Responsibilities			
Membership in Professional Organizations			

Other Experience, Awards, Publications and Presentations

Use additional pages if necessary.

References	List 3 professional references that will write recommendation letters.			
Name		Position and Department	Institution	Address and Telephone Number

To Whom It May Concern: Please accept this as your full sufficient authority to release to Alberta Health Services information pertaining to my education, work history and performance. A copy of this authorization shall be as valid as the original.

Your Name

Signature

Applicant's Certification

I certify that the information made by me in this application is true and complete. I realize that Alberta Health Services will rely on this information in engaging and in continuing my employment. I also realize that this information may be verified. I understand and agree that a false statement or misrepresentation of the facts may disqualify me from employment, or result in dismissal.

It is understood that if employed, I will adhere to all terms and conditions of employment as set out by Alberta Health Services.

Applicant's Full Name

Applicant's Signature

Date of Application

Date (yyyy-mmm-dd)

To the Applicant:

In accordance with the Protection of Persons in Care Act of Alberta and Alberta Health Services (AHS) policy, as a condition of employment, all employees new to AHS must provide a current criminal records check.

In accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents (although others are encouraged to apply).

Your personal information is managed in accordance with the Province of Alberta Freedom of Information and Protection of Privacy (FOIP) Act.

Upload this application, your transcripts and other supporting documentation when applying for a Medical Physics Resident position through the Alberta Health Services Careers portal (https://careers.ahs.ca).