



Application for Medical Physics Residency Program Cross Cancer Institute

Application for
(Choose One)

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

Present Address and Telephone Number are in Effect until What Date?

E-Mail Address

Permanent / Correspondence Mailing Address

Street Address City Province Country Postal Code

Permanent Telephone Number

Are you legally entitled to work in Canada?

Yes

No

Date Available to begin Residency Program

Year Month Day

Education <i>List degrees, honours, majors, minors</i> <i>Provide official transcripts</i> <i>Attach photocopy of medical physics course descriptions from university calendar if applicable</i>				
Name of School and Address	Degree	Major and Minor	Complete	Incomplete
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Employment History <i>List all employment. Begin with most recent employer. Use additional pages if necessary.</i>			
Employer (Name and Address)		Working Title	
Date of Employment	From	To	
Name of Supervisor			
Responsibilities			

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Date of Employment	From	To	
Name of Supervisor			
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Name of Supervisor			
Responsibilities			
Employer (Name and Address)		Working Title	
Date of Employment	From	To	
Name of Supervisor			
Responsibilities			

Other Experience, Awards, Publications and Presentations

Use additional pages if necessary.

Empty text area for providing details on other experience, awards, publications, and presentations.

Membership in Professional Organizations

--

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.

Name *(please print)*

Signature _____

Date _____

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

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.

This application is valid for three months. Please notify us of all telephone and address changes. If you cannot be reached at the address(es) indicated, your application will be withdrawn.

Mail Application, Transcripts and other supporting documentation to
B. G. Fallone, Director
Department of Medical Physics
Cross Cancer Institute
11560 University Avenue
Edmonton, Alberta, Canada
T6G 1Z2