**FEDERAL MINISTRY OF HEALTH,**

**FEDERAL SECRETARIAT COMPLEX PHASE III, P.M.B 083, GARKI, ABUJA.**

**DEPARTMENT OF HOSPITAL SERVICES**

**NIGERIA MEDICAL PHYSICS INTERIM REGISTRATION COMMITTEE**

**Applicant’s file Ref. No……………………………………………………………….**

**APPLICATION FORM FOR REGISTRATION**

**REGISTRATION FEES**

**TICK AS APPROPRIATE**

**FULL REGISTRATION………………… N 24,000.00.**

**PROVISIONAL REGISTRATION……… N 19,000.00**

**TEMPORARY REGISTRATION………… N 38,000.00**

**Renewal of Temporary Registration - N25, 000.00**

**GUIDELINES FOR COMPLETION OF THE REGISTRATION FORM**

1. Section A to D are to be completed by your employers; Section F is to be completed by your sponsors.
2. Please endeavor to fill your form completely and properly.
3. **Pay application /processing fee as indicated above to**

**FMOH Remita Platform .**

1. Your proposers are to sight the original copies of your certificates and photocopies of each of them. Thereafter, they are to write at the back of each photocopy as follows ‘*I certify that this is a true copy of the original certificate’* and sign indicating their registration numbers with dates. The certified photocopies of the certificates are to be submitted with the completed registration form
2. Your proposers must be on the Clinical Medical Physics Register and up to date in the payment of their practicing license fees.
3. Two (2) copies of your passport size photographs are to be certified at the back by one of the proposers and attached to your completed application form.
4. Three copies of technical Report (Minimum of 1000 words) on your practical experience should be endorsed by one of the proposers and be submitted with application form.
5. **Those seeking for provisional registration:**
6. Are exempt from the submission of a technical report.
7. However such applications must be accompanied by a copy of the admission letter into Medical Physics residency training certified as ‘*true copy’* and endorsement bearing the signature, stamp and date of the Chairman Medical Physics Residency Committee.
8. Please confirm from your alma mater the cost (if any) of forwarding your transcripts or verification of your certificate to the Medical Physics Registration committee. Purchase a bank draft for the amount in the name of the institution and forward it along with your documents.
9. You are to provide the e-mail and postal address of the Registrar of your institution for verification of your certificate(s).

**APPLICATION FOR REGISTRATION AS A CLINICAL MEDICAL PHYSICIST**

Applicant’s Photograph

(Passport size)

2 Copies to be attached Here

Photographs are to be

Certified by

One of the proposers

1. **PERSONAL DETAILS**

1. Surname………………………………… Other Names…………………………….………………

*(in block letters)*

2. Date of Birth……………………………………...Place of Birth…………………………………....

3. Nationality………………………………. How Acquired?………………………….……………..

4. Business Address………………………………………………………………….………………….

………………………………………………………………………………………………………..

Tel: No…………………………………….………….

5. Residential Address……………………………………………………………….………………….

………………………………………………………………………………………………………..

6. Postal Address………………………………………………………………………………………..

*(if different from either 4 or 5)*

7. Permanent Address ……………………………………………………………………….………….

8. E-Mail Address………………………………………………………………………………………

9. (a) Particulars of Current Employments…………………………………………………………….

*(if self employed say so and give details)*

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

(b) Position held……………………………………………………………………………………..

10. Field(s) of Competency\* for which registration is required

……………………………………………………………………………………………………….

\*

1. External Beam:
2. LINAC (EBRT)
3. Cobalt
4. Superficial/Orthovoltage.
5. Brachytherapy:
6. LDR
7. HDR
8. Computerized Treatment Planning System (TPS)
9. Simple Planning (Hand planning/2D)
10. 3D Conformal.
11. Intensity Modulated Radiotherapy (IMRT) and New Techniques.
12. CT Simulation

B. EDUCATIONAL DETAILS

1. Details of Secondary Education (Including Dates & Exams Passed)

………………………………………………………………………………………………………

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2 . Details of Academic/ Clinical Medical Physics Education (including Dates & Exams, passed)

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**3**

3a. Details of Practical Training / Experience (Month & Year, Position held, extent of

responsibility, scope & magnitude,, papers/thesis, etc.

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3b. **REPORT OF PRACTICAL EXPERIENCE**

All candidates for registration are expected to submit a technical report of not less than 1000

words typewritten on A4 papers and properly bound, detailing one or more actual experience

**4**

4. Summary of Qualifications (attach Photostat copy of each certificate)

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

**5**. Details of Membership of any Medical Physics Professional body(ies)

Grade of Membership and Membership No.

1…………………………………………………………………………………………………………………………………

2…………………………………………………………………………………………………………………………………

3…………………………………………………………………………………………………………………………………

**6**. Have you applied previously for Registration? (if so, give particulars)

…………………………………………………………………………………………………………………………………..

**7**. Titles or Honours (e.g. *OON*) ………………………………………………………………………………………………….

**C**. **ADDITIONAL INFORMATION REQUIRED** (Non-Nigeria Citizens only)

1. Name & Address of your Country’s Professional or other Medical Physics body to which you belong:

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

2. Name & Address of your Country’s Medical Physics Registration body (if any)

with which you are registered

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

3. (a) Are you normally resident in Nigeria? …………………………………………………………………….………………

(b) If so, give Nigeria residential Address ……………………………………………………………………………………

………………………………………………………………………………………………………………………………….

4. Particulars of current Employment in Nigeria

(a) Name and address of Employers: ………………………………………………………………………………………….

………………………………………………………………………………………………………………………………

(b) Nature of employmenmt: …………………………………………………………………………….…………………………..

(c) Duration of employment contract (give dates): ……………………………………………………………………………

(d) Status in employment: ……………………………………………………………………………………………………..

5. (a) Are you normally resident outside Nigeria? ……………………………………………………………………………….

(b) If so give residential address abroad ………………………………………………………………………………………

……………………………………………………………………………………………………………………………...

6. Passport No…………………………………. Place & date of Issue…………………………………………………………..

7. Particular of Nigeria Resident Permit:

(a) Reference No and duration ………………………………………………………………………………………………...

(b) Place and date of Issue………………………………………………………………………………………

**5**

D. **CERTIFICATICATION BY APPLICANT**

I…………………………………………………………….. ……………………hereby declare that the above

Information is correct.

Date……………………………………. ……… Signature of Candidate………………………………………

E. **CERTIFICATION BY EMPLOYER’S REPRESENTATIVE**

(*Who must be in senior Management Position*)

1…………………………………………………………………………... ………..hereby declare on behalf of

……………………………………………………………………………………….. …………..that the above

*(Name of)*

information given in respect of Mr/Mrs/Miss ………………………………………………………………….

is correct to the best of my knowledge.

Date………………………………………………………… Signature…………………………………………

Position or Status………………………………………………………………………………………………...

Registration No…………………………………………………………………………………………………..

F. \***TWO PROPOSERS** (Must be on Medical Physics register and up-to-date in the payment of their dues)

We hereby certify to the best of our knowledge that

Mr/Mrs/Miss…………………………………………………………………is of good character and is fit and

proper to be placed on the register of Council for the Regulation of Engineering in Nigeria and therefore

propose him/her to the Council.

(i) …………………………………………………… …………………………………………

*Name in full / Signature*

……………………………………………………. …………………………………………

*Address Registration No*.

……………………………………………………. …………………………………………

*Position or Status Academic/Professional/Qualifications*

Date…………………………………………….

(ii) …………………………………………………... …………………………………………

*Name in full/ Signature*

…………………………………………………… …………………………………………

*Address Registration No*.

……………………………………………………. …………………………………………

*Position or Status Academic/Professional/Qualifications*

Date…………………………………………..

\*Proposers are required to sight the originals of Applicant’s certificate and sign at the back of photocopies

accompanying the completed application as follows: “***I certify that this is true copy of the original certificate***.”

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**FEDERAL MINISTRY OF HEALTH ,**

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**DEPARTMENT OF HOSPITAL SERVICES**

**NIGERIA MEDICAL PHYSICS INTERIM REGISTRATION COMMITTEE**

**CERTIFICATE OF EXPERIENCE**

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER AND NOT BY THE CANDIDATE

NAME OF CANDIDATE

PERIOD COVERED BY CERTIFICATE

A

PARTICULAR OF ISSUER (i.e. Candidates Employer – current or past

who must be on the Register of Medical Physics Registration Committee)

1. Surname…………………………………… Other Names……………………………………………………...

(*In block letters*)

2. Name & Address of Hospital/ Business……………………………………………………………………………………

……………………………………………………………………………………………………………………

3. Nationality………………………………………………………………………………………………………..

4. If practising in Nigeria please state Registration No…………………………………………………...

5. Professional relationship with Candidate during period covered by the Certificate

(a) Professional superior………………………………………………………………………………………...

(b) Professional colleague……………………………………………………………………………………….

(c) Others (Please state)…………………………………………………………………………………………

……………………………………………………………………………………………………………………

6. If resident outside Nigeria, please state………………………………………………………………………….

(i) Residential Address………………………………………………………………………………………….

7. Institutions of learning attended (*Give Dates*):

……………………………………………………………………………………………………………………

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8. Academic /Technical Qualifications………………………………………………….

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**1**

**B. PARTICULARS OF CANDIDATE FOR REGISTRATION**

(Persons issuing this certificate are requested to provide sufficient information in sub-section 4 to enable

Council assess the candidate’s practical experience adequately)

1. Surname……………………………………….. Other Names………………………………………………….

2. For how long did/has the candidate work/worked under your charge (Give details):

……………………………………………………………………………………………………………………

3. What is the candidate’s field of Medical Physics?

(a). ..……………………………………………………………………………………………………………...

(b)………………………………………………………………………………………………………………...

4. Give Details of work done by candidate and extent of responsibility afforded

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5. In what manner did the candidate carry out the duties of his employment?

(*Excellent/Good/Satisfactory/Fair/Poor*)

……………………………………………………………………………………………………………………

6. Are you generally satisfied that the candidate has acquired useful experience in the particular area of

Medical Physics practice in which you afforded him/her opportunity of employment?

……………………………………………………………………………………………………………………

(a) If so, please sign certificate below paragraph (C)

(b) If not, please give full reasons……………………………………………………………………………...

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**2**

**C. DECLARATION**

Mr/Mrs……………………………………………………………………………………. …..served under me

from……………………………………………to…………………………. ………during which period every

opportunity was given him/her to acquire adequate experience in the practice and use of ……………………………...

……………………………………………equipment in Medical Physics and I hereby certify that his/her

performance and conduct during the period were satisfactory. I therefore recommend him/her for full provisional registration

Date…………………………………………….. Signature…………………………………………

Academic/Professional Qualifications…………………………………………………………………………...

Position or Status………………………………………………………………………………………………...

**NOTES FOR GUIDANCE**

(i) This form is to be completed by a senior representative of candidate’s Employers who must

be registered with the Medical Physics Registration Committee. The form is to be mailed directly to the Secretary, Medical Physics Registration Committee, Dept. of Hospital Services Federal Ministry of Health, Federal Secretariat Phase III, Abuja.,

(ii) In circumstances where the Council is in doubt as to the adequacy of an experience, Council

reserves the right to withhold registration, but candidate may be advised to re-apply after a

given period.