



COLLEGE ON MEDICAL PHYSICS

1 - 19 September 2008
(Miramare, Trieste, Italy)

GUIDELINES FOR REQUESTING PARTICIPATION

The Abdus Salam International Centre for Theoretical Physics (ICTP), will organize a **College on Medical Physics** to take place from 1 to 19 September 2008. The College is co-sponsored by ICTP and the Kuwait Fund for Advancement of Science (KFAS).

OBJECTIVE OF THE COLLEGE ON MEDICAL PHYSICS

The objective of the College on Medical Physics is to contribute to the development of competent medical physicists who can make direct contributions to the improvement of health care in their countries through better medical imaging diagnosis and who can lead in the proper and safe applications of radiation and diagnostic imaging purposes.

This will be achieved by providing participants with education, training, and resources to enhance their effectiveness as Program Directors and Instructors who can then provide educational and training opportunities to students in all nations.

PROGRAM

The program of the College will consist of lectures, interactive discussions and problem solving sessions and applied learning experiences.

The three-week College will be devoted to the *Physics and Technology of Diagnostic Imaging*. The Imaging modalities to be discussed will be Classical and Digital X-ray Imaging; Magnetic Resonance Imaging; Radionuclide Imaging and Ultrasound Imaging. The College Program will be made up of courses on:

- Physics for Optimized Medical Imaging
- Practical and Applied Medical Physics
- Radiation Safety and Risk Management
- Educational Program Development and Methods

PARTICIPATION

Scientists and advanced students from all countries that are members of the United Nations, UNESCO or IAEA may attend the College on Medical Physics. Participants should hold a university degree in physics, engineering, medical physics, or related subjects and have several years of professional experience related to medical physical and/or clinical medical imaging. They are expected to apply acquired knowledge through teaching and working to improve medical imaging in their home countries. The main purpose of the Centre is to help experienced scientists from developing countries, through a programme of training activities within a framework of international cooperation. However, students and post-doctoral scientists from developed countries are also welcome to attend. As this activity will be conducted in English, participants should have an adequate working knowledge of that language.

As a rule, travel and subsistence expenses of the College participants should be borne by the home institution. Every effort should be made by candidates to secure support for their fare (or at least half-fare). However, limited funds are available for some participants from developing countries, to be selected by the organizers. Such financial support is available only for those who attend all 3 weeks of the College. There is no registration fee for the College.

The **Application Form** is available on the ICTP WWW server: <http://agenda.ictp.it/smr.php?1961> (which will be constantly updated) or from the activity Secretariat. It should be completed and returned before **30 April 2008** to:

College on Medical Physics
(smr 1961) (c/o Ms. Suzie Radosic)
the Abdus Salam International Centre for Theoretical Physics
Strada Costiera 11, 34014 Trieste, Italy

or

smr1961@ictp.it (please save and send file attachments in RTF format)

Telephone: +39-040-2240226 Telefax: +39-040-22407226
E-mail: smr1961@ictp.it
ICTP Home Page: <http://www.ictp.it>

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION
and
INTERNATIONAL ATOMIC ENERGY AGENCY

the ABDUS SALAM INTERNATIONAL CENTRE FOR THEORETICAL PHYSICS

Strada Costiera 11
I-34014 Trieste
Italy

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APPLICATION FORM

JOINT ICTP-KFAS
COLLEGE ON MEDICAL PHYSICS

1 - 19 September 2008

The ICTP cannot process any visa request, unless all requested personal data are provided.

PERSONAL DATA

SURNAME/FAMILY Name: MAIDEN Name: First name: Middle name(s): Sex:
For women only (if applicable)

IMPORTANT: PLEASE INDICATE SURNAME AND NAME AS WRITTEN ON PASSPORT:

Place of birth (*City and Country*): Present nationality: Date of birth:
Day - Month - Year

Full name/ street address of permanent Institution:
(Please note that no request will be processed unless
the address is clearly indicated) Institute: Tel. No.
Telefax

Your Office: Tel. No.
Telefax
E-mail: *

Full name/ address of present Institution :
(only if different from permanent) Institute: Tel. No.
Telefax
Your Office: Tel. No.
Telefax:
E-mail: *

until: Date

Home address: Tel. No.

Mailing address - please indicate one: Permanent Present Home

Name and address of person to notify in case of emergency - Relationship: Tel. No.

* I agree that my e-mail address(es) may be made public on the ICTP WWW page: YES NO

EDUCATION (*higher degrees*)

University or equivalent

Name and place

Years attended

From

to

Degrees obtained

Seminars, summer schools, conferences or research attended:

Name and place

Year

SCIENTIFIC AND MEDICAL EMPLOYMENT AND ACADEMIC RESPONSIBILITY

Previous

Institution or University

Name and Place

Period of duty

From to

Academic and Clinical
Responsibilities

Present employment and duties, and **foreseen** employment upon return to home country after the activity (*if different*):

Have you participated in **past** ICTP activities? If yes, which?

Yes

No

Mention briefly your previous experience in medical physics, and explain your reasons for wishing to participate in this activity:

List your **scientific publications** including books and articles (authors, title, Journal) in the last five years:

Please provide a brief (one page or less) explanation on how the knowledge and experience from the College on Medical Physics will be applied when you return to your home institution, and attach it to this application.

Kindly supply a keyword description of your current scientific activities, as follows (*strictly within indicated lengths*):

1) **Professional Activities:** (e.g. MEDICAL PHYSICS)

(no more than 50 characters)

2) **Specific topic of interest:** (e.g. IMAGING TECHNIQUES,
MEDICAL APPLICATIONS OF NUCLEAR TECHNIQUES)

(no more than 50 characters)

NB: Our Scientific Information System keeps track of all applications made by the candidate to earlier ICTP activities. As a consequence, when the subject of the present activity is far from your previous applications, an explanation (not more than 200 words) of your change of interest should be included.

Kindly state any positions you hold in the scientific administration of your Institution or any of the national scientific Institutions.

For junior scientists: It would be of assistance to the Selection Committee if this request for participation were accompanied by a letter of recommendation from your Supervisor.

Name of Supervisor: _____

Indicate below your proficiency in the English language:

Reading:	Good	<input type="checkbox"/>	Writing:	Good	<input type="checkbox"/>	Speaking:	Good	<input type="checkbox"/>
	Average	<input type="checkbox"/>		Average	<input type="checkbox"/>		Average	<input type="checkbox"/>
	Poor	<input type="checkbox"/>		Poor	<input type="checkbox"/>		Poor	<input type="checkbox"/>

REQUEST for FINANCIAL ASSISTANCE

APPLICABLE ONLY TO CANDIDATES WHO ARE NATIONALS OF, AND WORKING IN, A DEVELOPING COUNTRY, AND WHO ARE NOT MORE THAN 45 YEARS OLD.

(**Important:** Owing to limited funds, support for travel will be granted only in exceptional cases. Therefore, every effort should be made by applicants to secure support for their fare (or at least a partial contribution) from their home country).

(Please tick **ONE** box only)

- | | | | |
|--------------------------|---------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Full Travel + Subsistence | <input type="checkbox"/> | Subsistence only |
| <input type="checkbox"/> | Half Travel + Subsistence | <input type="checkbox"/> | No financial support requested |

I certify that if granted funds for my travel, I shall attend the whole activity

.....
Signature

I certify that the statements made by me above are true and complete. If accepted, I undertake to refrain from engaging in any political or other activities which would reflect unfavourably on the international status of the ICTP. I understand that any breach of this undertaking may result in the termination of the arrangements relating to my visit at the Centre.

Signature of applicant

Date