

Medical Physics Residency Program in Radiation Oncology Physics Department of Radiation Oncology 333 Cottman Avenue Philadelphia, Pennsylvania 19111-2497 Phone 215-728-2996 Fax 215-728-4789

APPLICATION FOR ADMISSON

Type or print responses to the following information:

Personal Information

Name				
Last	First		Middle	Maiden
Social Security Numb	er (optional)			
Present Mailing Addr	ess			
	Street		City/State/Zip	Until What Date?
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Permanent Address (if different)			· · · · · · · · · · · · · · · · · · ·
		Street	Cit	ty/State/Zip
Present Telephone N	umber:			

·	one Number			
E-mail Address:				
Date of Birth (opt	ional):			
Criminal History				
Have you ever bee	n convicted of a crim	ne?Yes	No	
If yes, please expla	in on a separate she	et of paper.		
Education				
College, University	or other post-gradu	ate schools attende	ed:	
Name of School	City and State	Degree	Year Awarded	Major Field o
	.			
Employment Histo	ory			
	Pry It (begin with the mo	ost recent employer). Use additional pa	ges if necessary

References

List three professional references. (Please have the letters sent to the Medical Physics Residency Program by deadline listed in resident position availability).

<u>Name</u>	Department/Position	<u>Institution</u>
Waiver of Access to Reference Staten	<u>nents</u>	
•	vacy Rights Acts, 20 U.S. C. 1232(g), you may, but en in connection with this application. If you waiv iate space below:	
I do waive my right of a	access	
I do not waive of right	t of access	
Signature	Date	
Please provide a letter of intent detai	iling your interest and goals for this medical physi	ics training program.
Please Read Carefully before Signing:		
will be considered just cause for dism	and correct. I understand that any omissions of fa hissal from the program. I agree that all former en e Fox Chase Cancer Center, Department of Radiat	mployers or former faculty with whom I

I understand that this application will become inactive after one year.

information in good faith.

I understand that I am responsible to have my official transcript(s) of grades from prior undergraduate and graduate academic institutions and letter of reference forwarded (by each school and person giving reference) directly to:

regarding my character and qualifications, and I release all such employers and faculty from any liability for providing such

Charlie Ma, PhD
Professor and Director Radiation Physics
Vice Chairman, Department of Radiation Oncology
Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111

Signature of Applicant	Date:
Signature of Applicant	 Date:

The Fox Chase Cancer Center is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regards to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

Privacy Statement

All information on this form is private. It will be used to identify and communicate with you, and to determine your qualifications for admission to this program. All items requested on the form are required to process your application, except for those identified as optional (social security number and date of birth). Failure to provide the optional items will have no effect on your application; however, if you are accepted into the program you must provide a social security number in order to receive a paycheck. Those who may gain access to the information in your file are staff and faculty at Fox Chase Cancer Center who have a need to know the information to perform their job responsibilities, and outside organization and government bodies in limited circumstances as authorized by state and federal law. In addition, you may review your own file. No one else may review your file without your written consent or a subpoena or court order.