

Education (College and Graduate School Only)

Name of School	Address	Degree	From (Date)	To (Date)	Major	Minor

List of Undergraduate Courses in Physics

Two general physics courses with calculus, and three upper level courses: electricity and magnetism, atomic physics, nuclear physics, modern physics, quantum mechanics, or mechanics)

Course	Institution, City, State	Date

List of Graduate Courses in Medical Physics

*Minimum three courses: General Radiation Physics (BME 517), Medical Health Physics (BME519), Radiation Oncology Physics (BME 540), or Clinical Radiation Oncology Physics (BME 617).
In addition, one in Biology or Radiation Biology and one in Human Anatomy or Physiology are required.*

Course	Institution, City, State	Date

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

Other Experience, Awards, Publications and Presentations *Use additional pages if necessary.*

Membership in Professional Organizations

References <i>List 3 professional references that will write recommendation letters.</i>			
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 the Stony Brook Medical Physics Residency Program 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 statements made by me in this application are true and complete. I understand and agree that a false statement 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 the Stony Brook Medical Physics Residency Program.

Applicant's Full Name _____

Applicant's Signature _____ Date of Application _____