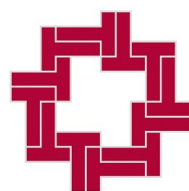


The Thompson Cancer Survival Center Medical Physics Residency Program in Radiation Oncology



THOMPSON
CANCER
SURVIVAL
CENTER

Covenant
HEALTH

Medical Physics Residency Program Application for Admission



PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

Present Mailing Address: _____
Street City/State/Zip

Permanent Address: _____
(If different) Street City/State/Zip

Telephone Number: _____ Email: _____

LinkedIn / Social Media: _____
(Optional)

CITIZENSHIP

☐ US Citizen ☐ Lawful Permanent Resident ☐ Visa: _____
Type Date of Entry

EDUCATION

College, University, or Post-Graduate Schools Attended:

Name of School	City and State	Degree	Year Awarded	GPA	Field of Study

Official Transcripts must be forwarded to the Medical Physics Residency Program by December 31st

EMPLOYMENT HISTORY

List all employment including relevant volunteer, internship, and co-op work.

Employer/Department	City and State	Position/Type of Work	Date of Employment

REFERENCES

List three professional references.

Reference Name	Institution / Department / Position	Relationship to Applicant

All three reference letters must be mailed to the Medical Physics Residency program by December 31st.

Waiver of Access to Reference Statements

Under the Family Educational and Privacy Rights Act, 20 U.S. C. 1232(g), you may, but are not required to waive your right of access to confidential references given in connection with this application. This waiver is not a requirement for admission to the Thompson Cancer Survival Center Medical Physics Residency Program, and you have the right to inspect your references as held by the Thompson Cancer Survival Center Medical Physics Residency Program. However, persons giving recommendations prefer confidential references that are not inspected by candidates. Indicate by your signature below if you voluntarily waive your right of access under "The Family Educational Rights and Privacy Act of 1974" to all of the confidential reference statements within your file at the Thompson Cancer Survival Center Medical Physics Residency Program. If you waive your right of access, the waiver remains valid indefinitely. Check the appropriate space below:

☐ I do waive my right of access

☐ I do not waive my right of access

Signature: _____

Date: _____

ESSAY QUESTIONS

Answer the following essay questions as completely as you can.

- 1.) Why did you decide to become a medical physicist?
- 2.) What is the role of the medical physicist in radiation oncology?
- 3.) What is your favorite gaming platform (*PC, Playstation, XBOX, etc...*) or recreational activity (*golf, hiking, individual sport, team sport, etc...*) and why?

Please Read Carefully Before Signing:

The responses given above are true and correct. I understand that any omissions of fact or any false or misleading statements will be considered just cause for dismissal from the program. I agree that all former employers or former faculty with whom I have been associated may furnish the Covenant Health with all information regarding my character and qualifications, and I release all such employers and faculty from any liability for providing such information in good faith.

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

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

Chester Ramsey, Ph.D.
Chief Medical Physicist
Thompson Cancer Survival Center
1915 White Avenue
Knoxville, TN 37916
cramsey@covhlth.com

Signature of Applicant _____

Date _____

The Thompson Cancer Survival 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.



We hope that you have found this introduction to the Thompson Cancer Survival Center's Medical Physics Residency Program useful. We look forward to your application to the program, and hope to see you soon. If you have any additional questions, feel free to contact me.

Sincerely,

Chester R. Ramsey

*Dr. Chester Ramsey
Chief Medical Physicist
Thompson Cancer Survival Center
1915 White Ave
Knoxville, Tennessee 37916
865-331-1155
cramsey@covhlth.com*

