

As specified in the Admission Regulations (Zulassungsordnung; §§ 3, 4) for the Master course of advanced training in Advanced Physical Methods in Radiotherapy, applicants must submit the following documents:

- ▶ Tabular CV
- Passport photo (2 copies)
- 2 copies of your identity card or your passport (both sides)
- ▶ Certified copy of the higher education entrance qualification (in German: Hochschulzugangsberechtigung; e.g. GCE, baccalauréat, Lise Diplomasi, High School Diploma, Apolyterion, Maturität etc.).
- ▶ Certified copy of the university graduation certificate (terminal degree of higher or further education institute (Bachelor, Diploma, Master) in a subject related to physics or physical technology or biomedical technology or an equivalent course of engineering studies).
- Certified copy of your doctoral diploma (if applicable)
- ▶ Proof of at least two years of qualified professional work experience in medical physics following the first degree.
- Proof of specialized knowledge:
  - ▶ as specified in the Continuing Education Regulations (Weiterbildungsordnung) of the German Society of Medical Physics (DGMP) as a requirement for recognition as a specialist in medical physics in the field of medical radiation physics within the specialized area of radiation therapy
  - complying with the requirements for a Qualified Medical Physicist (QMP) set forth in the Continuing Professional Development system of the European Federation of Organizations for Medical Physics (EFOMP) (EFOMP policy statements no. 9 and 10) or
  - corresponding to a comparable degree in the field of medical physics or
  - corresponding to an equivalent period of advanced training and qualification.
- ▶ Proof of English language proficiency at a level comparable to Level C1 of the Common European Framework of Reference (as demonstrated by school reports, the Cambridge Certificate in Advanced English (CAE) or comparable experience). This does not apply to applicants whose first language is English or who are able to provide evidence of having completed their previous studies predominantly in English.

### Please send your application form and completed documentation to:

Heidelberg University
Postgraduate Scientific Studies

Bergheimer Str. 58, Buildung 4311 D – 69115 Heidelberg, Germany



## **Personal details**

☐ Ms.	☐ Mr.	
Academic degree(s)/title(s)	Surname	First name
Address (street, postcode, town)		
Invoice address (if different)		
Date of birth	Place of birth	
Nationality		
Telephone	E-mail	
Telephone (husiness)	F-mail (husiness)	



Prio I hav	r knowledge e:
	knowledge as specified in the Continuing Education Regulations (Weiterbildungsordnung) of the German Society of Medical Physics (DGMP) as a requirement for recognition as a specialist in medical physics in the field of medical radiation physics within the specialised area of radiation therapy.
	knowledge complying with the requirements for a Qualified Medical Physicist (QMP) set forth in the Continuing Professional Development system of the European Federation of Organizations for Medical Physics (EFOMP) (EFOMP policy statements no. 9 and 10).
	a comparable degree in the field of medical physics.
	an equivalent period of advanced training and qualification.
Pleas	se include proof of your knowledge as specified.
Oth	er requirements
	<ul> <li>Regular access to a personal computer (PC or Mac), graphic and audio/video enabled, headset, webcam and high-speed internet access.</li> <li>Basic computing skills, OS (Windows or MacOSX or Linux) fundamentals, web competent at end user level</li> </ul>
regis stude	igning below, I hereby apply with binding effect for a university place. I acknowledge that tration will incur a tuition fee of $\le$ 5,000 for each semester in addition to administration fees and ent union fee (winter semester 2011/2012: $\le$ 40 + $\le$ 66.50 = $\le$ 106.50). In the examination ester, the tuition fee is $\le$ 1,000 in addition to administration fees and student union fee.
will o	decified in § 5 of the Admissions Regulations, the Vice-Chancellor of the University of Heidelberg decide on admission based on a proposal by the Admissions Committee ( <i>Zulassungsausschuss</i> ). ications will be considered on the basis of applicants' eligibility. Participation is limited to a mum of 20.

### **Declaration of entitlement to examination**

I hereby declare that I have not forfeited the entitlement to examination in the Masters course of study in Advanced Physical Methods in Radiotherapy or in courses of study having the same content for the most part. I furthermore declare not to be involved in current examination proceedings in these courses of study.

Place, Date	Si	gnature



# **Professional experience**

I hereby declare that I have at least two years of qualified professional work experience in Medical Physics following the first degree. I worked in the following positions during the periods specified:

1.	
2.	
3.	
4.	
5.	
expe	se include non-certified copies of documents giving proof of previous and current professiona rience. Evidence of work experience beyond the minimum requirements specified above is no ired.
Plac	e, Date Signature