

Master Online

Advanced Physical Methods in Radiotherapy

As specified in the Admission Regulations (Zulassungsordnung; §§ 3, 4) for the Masters course of advanced training in Advanced Physical Methods in Radiotherapy, the following documents must be submitted together with the completed application form:

- ▶ Tabular CV
- ▶ Passport photo (2 copies)
- ▶ 2 copies of your identity card or your passport (both sides)
- ▶ Certified copy of your university entrance qualification (Hochschulzugangsberechtigung)
- ▶ Certified copy of your university graduation certificate
- ▶ Certified copy of your doctoral diploma (if applicable)
- ▶ Proof of a knowledge of English 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 in English for the most part.
- ▶ Proof of two years of qualified professional work experience in medical physics following the first degree
- ▶ Proof of specialised 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
or
 - ▶ 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

Please send your complete application documents to:

Ruprecht-Karls-Universität Heidelberg
Wissenschaftliche Weiterbildung

Bergheimer Str. 58, Gebäude 4311
69115 Heidelberg

Application Form



MASTER ONLINE

ADVANCED PHYSICAL METHODS IN RADIOTHERAPY

Personal details

Ms.

Mr.

Academic degree(s)/title(s)

Surname

First name

Address (street, postcode, place)

Invoice address (if different)

Date of birth

Place of birth

Nationality

Telephone

E-mail

Telephone (business)

E-mail (business)

Previous knowledge



I have:

- 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.

Please include proof of your knowledge as specified.

Other requirements

- ▶ Unlimited access to a personal computer (incl. headset and, if possible, webcam) with internet access
- ▶ Basic computer knowledge

By signing below, I hereby apply with binding effect for a university place. I acknowledge that registration will result in a tuition fee of 5000 euros for each semester in addition to administration fees and student union fee (Winter semester 2011/2012: 40 euros + 66.50 euros = 106.50 euros). In the examination semester, the tuition fee is 1,000 euros in addition to administration fees and student union fee.

As specified in § 5 of the Admissions Regulations, the Vice-Chancellor of the University of Heidelberg will decide on admission based on a proposal by the Admissions Committee (*Zulassungsausschuss*). Applications will be considered on the basis of applicants' eligibility. Participation is limited to a maximum 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

Signature

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.

Please include non-certified copies of documents giving proof of previous and current professional experience. Evidence of work experience beyond the minimum requirements specified above is not required.

Place, Date

Signature