



Hong Kong Institution of Physicists in Medicine
香港醫學物理學院

Application for Part II Certification Examination

Personal and Contact Details

HKIPM Membership Number:

Surname: Given Name:

Email Address: Contact Phone Number:

Corresponding Address:

Medical Physics Specialty (Please '✓' as appropriate)

☐ Part II Certification Examination in Radiation Oncology Physics

☐ Part II Certification Examination in Medical Imaging Physics

Academic Qualifications (Master's or Doctoral Degree)

☐ Master's Degree ☐ Doctoral Degree

Discipline:

Institution:

Present Employment

Institution:

Job Title: Date of Employment:

Major Responsibilities:

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Previous Relevant Employment (If there is insufficient space, please continue on a separate sheet.)

Institution:

Job Title: Period of Employment:

Major Responsibilities:

Declaration by Applicant

I declare that all information given in this application and in the attached supplementary documentations if any is true and correct to the best of my knowledge.

Signature: Date:

Details of Supporter

Title:

Surname: Given Name:

Institution:

Job Title:

Professional Certification:

Professional Body of the Certification:

Email Address:

Contact Phone Number:

Declaration by Supporter

I certify that all information given by the applicant in this application and in the attached supplementary documentations if any is true and correct to the best of my knowledge.

Signature: Date:

For Official Use Only

Date of Receipt:

Application Form ☐ Complete ☐ Incomplete

Supplementary Documents ☐ Submitted ☐ Not Submitted

Application Fee ☐ Submitted ☐ Not Submitted

Application Status ☐ Approved ☐ Declined

Candidate Number:

Remarks:

Notes for Applicants

Date of Examination: 30th August, 2025

Time: 2:00 pm to 5:00 pm

Venue: Room 801, 8/F, 3 Tung Wong Road, A Kung Ngam, Shau Kei Wan, Hong Kong

Application Deadline: (Radiation Oncology Physics) 11th August, 2025
(Medical Imaging Physics) 30th June, 2025

Format of Examination:

Please refer to 'Guide to Candidate and Syllabus' which can be downloaded from HKIPM website (www.hkipm.org).

Requirements:

- (a) Candidates applying for Certification Examination shall be a member of HKIPM, and
- (b) Candidates applying for sitting in Part II Certification Examination shall have passed the Part I Certification Examination, and
- (c) Candidates applying for Part II Certification Examination shall be practicing medical physicists, and
- (d) Candidates shall have an advanced degree (master's degree or doctoral degree) in physics, medical physics or an equivalent degree in an appropriate physical or engineering science discipline, and
- (e) Candidates shall have at least two years recognized full-time equivalent training as a medical physicist in a medical institution preceding the date of application for examination. The training should be carried out under the guidance of a certified medical physicist specializing in the same sub-field or under the guidance of a qualified individual with a level of professional experience and expertise equivalent to that of a certified medical physicist.

Supporter:

- (a) Application for Part II Certification Examination shall be supported by a Supporter who can verify the years of medical physics service or training and has access to the service or training logbook of the applicant. The Supporter can be the supervisor or honorary supervisor of the applicant. The Supporter should be a certified medical physicist (CMP) in the same sub-field who has been granted professional certification by HKIPM or a professional medical physics certification body recognized by HKIPM.

Examination Fee: HKD 2000.

- (a) The application fee is non-refundable when the application is accepted. Should the application be declined, the paid amount shall be refunded to the applicant.

Application Procedures:

- (a) Application forms can be downloaded from HKIPM website (www.hkipm.org).
- (b) A crossed cheque made payable to 'Hong Kong Institution of Physicists in Medicine' for the examination fee shall be submitted together with the application form.
- (c) Documentary proof for the duration of service as a medical physicist in a medical institution as claimed by the applicant shall be submitted with the application form.
- (d) Completed application form with documentary proof and a cheque for the examination fee shall be submitted to the Secretary of HKIPM:

Dr. Kimi YANG,
c/o Medical Physics Department, HKSH Eastern Medical Centre
3/F, 3 Tung Wong Road, A Kung Ngam,
Shau Kei Wan, Hong Kong.

- (e) Application should reach the Secretary of HKIPM on or before the application deadline. Late applications will not be accepted. Postmark date on the envelope will be regarded as the application date.
- (f) The Certification Board of HKIPM shall have absolute power and discretion in deciding upon any application for taking part in the Certification Examination and its decision shall be final, and it shall not be bound to give any reason for its decision.
- (g) For enquiries, please contact HKIPM Secretary Dr. Kimi YANG at 'secretary@hkipm.org'.