



## The Hong Kong College of Radiographers and Radiation Therapists

### Statement of Clinical Experience in Medical Dosimetry for Admission of Member of HKCRRT

*This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed.  
The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.*

#### To be completed by the applicant

Title (circle one): Mr. Mrs. Ms. Dr.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. (Work): \_\_\_\_\_ Tel. (Mobile): \_\_\_\_\_ E-mail: \_\_\_\_\_

Certificate Examination of MD of HKCRRT undertaken on \_\_\_\_\_ (dd/mm/yy)

I, \_\_\_\_\_ certify that I have performed the followings:

- With a minimum of 2 years of post-registration working experience in medical dosimetry
- The candidates should produce supporting document(s) of his/her working experience e.g. full resume of working experience, recommendation from his/her superiors or etc.

during the period between \_\_\_\_\_ (mm/yy) and \_\_\_\_\_ (mm/yy)

#### Supervisor's Verification

I, \_\_\_\_\_ supervisor of the individual identified on the statement verify that the individual has successfully completed the clinical experience requirement during the time period described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Name of Institution: \_\_\_\_\_