

***Nomination form for the IDMP and IUPAP Early Career Scientist Prize in Medical Physics***

|  |  |
| --- | --- |
| **Please select the award**  **IDMP International Day of Medical Physics Award**  **IUPAP Early Career Scientist Prize in Medical Physics**  **PERSONAL & CONTACT INFORMATION** | |
| Name of person being nominated: |  |
| Date of birth (for IUPAP award only) | dd/mm/yyyy |
| Title: | Professor  Dr  Mr  Mrs  Miss  Other |
| Address: |  |
| Nationality: |  |
| Email: |  |
| Office phone number |  |
| Mobile phone number |  |

**NOMINATING ORGANIZATION INFORMATION**

|  |  |
| --- | --- |
| Name of the nominating organization |  |
| Nominating organization president |  |
| Email: |  |
| Phone number |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Degree | Major | Graduated year |
|  | PhD |  |  |
|  | MSc |  |  |
|  | BSc |  |  |
|  | Board |  |  |
|  | Others |  |  |

**PROFESSIONAL INFORMATION (start from the most recent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Title | Start Date (MM/YYYY) | End Date (MM/YYYY) | Specialty |
|  |  |  |  | Academic  Clinical  Research  others  If others, please specify |
|  |  |  |  | Academic  Clinical  Research  others  If others, please specify |
|  |  |  |  | Academic  Clinical  Research  others  If others, please specify |
|  |  |  |  | Academic  Clinical  Research  others  If others, please specify |

**MEMBERSHIP (if any)**

|  |  |  |
| --- | --- | --- |
| Organization name | Position/Role | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**LIST OF PUBLICATIONS/ BOOKS/ BOOK CHAPTERS (best 5)**

|  |  |  |  |
| --- | --- | --- | --- |
| Paper Title | Journal Name (link is preferred or /and DOI) | Impact Factor | Published Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CONFERENCE PRESENTATIONS (best 3)**

|  |  |  |
| --- | --- | --- |
| Abstract title | Place | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**AWARDS RECEIVED (if any)**

|  |  |  |
| --- | --- | --- |
| Name of award | Award institute | Award date |
|  |  |  |
|  |  |  |
|  |  |  |

**WORK EXPERIENCE**

|  |
| --- |
| **Please describe in up to 500 words nominee’s work experience for the last 5 years.** |

**INTERNATIONAL CONTRIBUTIONS (if any)**

|  |
| --- |
| **Please describe in up to 500 words nominee’s international contributions or outstanding achievements.** |

**Nominator’s Declaration**

I confirm that to the best of my knowledge the details given above are correct.

**Nominator’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_