

### ****International Organization for Medical Physics (IOMP) Awards****

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| --- |
| **Please select the award**[ ]  **IDMP International Day of Medical Physics Award** [ ]  **IUPAP Young Scientist Award** **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 |
|  |  |  |  |
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**CONFERENCE PRESENTATIONS (best 3)**

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

**AWARDS RECEIVED (if any)**

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

**WORK EXPERIENCE**

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| --- |
| **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.** |

**LIST OF ATTACHMENTS**

|  |
| --- |
| **Please list any attachments you wish to submit to support the application, e.g. CV, list of publications, full paper copies, certificates, etc.** |

**Nominator’s Declaration**

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

**Nominator’s Signature**

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

**Please return, with any additional supporting papers you wish to submit, to:**

Chair of the IOMP Awards and Honors Committee -  **simone@cnen.gov.br**with a copy to **sg.iomp@gmail.com**