

PLENARY MEMBER APPLICANTS

STEP I: Employment

Current Employer: _____

Job Title: _____

Employment Specialty*: _____ Employer Category*: _____

*Select ONE number from the table below

Complete a section of the **Job Responsibility Description Form**

Employment Specialty

- | | |
|------------------------------|------------------------------|
| 1. Accelerators | 12. Nuclear Medicine |
| 2. Administration | 13. Radiation Biology |
| 3. Applied H.P. | 14. Radiation Safety/Surveys |
| 4. Dosimetry | 15. Radiochemistry |
| 5. Education | 16. Radiological Assessment |
| 6. Instrumentation | 17. Reactors, Other |
| 7. Medical Physics | 18. Reactors, Power |
| 8. Monitoring, Environmental | 19. Regulations/Standards |
| 9. Monitoring, Personnel | 20. Research |
| 10. Nonionizing Radiation | 21. Waste Management |
| 11. Nuclear Fuel Cycle | 22. Other |

Employer Categories

1. Government
2. Industrial
3. Medical
4. National Laboratory
5. University
6. Private Practice
7. Military
8. Other

STEP II: Education/Experience

Indicate which combination of education and experience you consider qualifies you for Plenary membership by checking the one box below and follow the corresponding instructions for completing the application.

- Certification by the American Board of Health Physics
 1. Year of initial Certification _____ current through _____
 2. Complete the **Applicant Certification/Signature** Section (page 4)
- NRRPT Registration
 1. Year of NRRPT Registration _____
 2. Complete the **Sponsor** Section (page 4)
 3. Complete the **Applicant Certification/Signature** Section (page 4)
- Masters degree or higher in a Creditable Area of Education
 1. Complete the Table of Educational Experience (page 3)
 2. Complete the Summary Table of Professional Level Experience (**if appropriate**) (page 3)
 3. Complete a section of the **Job Responsibility Description** Form for each job listed in the Table of Professional Level Experience (**if appropriate**) (page 3)
 4. Complete the **Sponsor** Section (page 4)
 5. Complete the **Applicant Certification/Signature** Section (page 4)
- Bachelors degree in a Creditable Area of Education and at least one full year of Professional Level Experience **OR**
- Associate degree in a Creditable Area of Education and at least three full years of Professional Level Experience
 1. Complete the Table of Educational Experience (page 3)
 2. Complete the Summary Table of Professional Level Experience (page 3)
 3. Complete a section of the **Job Responsibility Description** Form for each job listed in the Table of Professional Level Experience. **Please do not** simply attach a Resume. (page 3)
 4. Complete the **Sponsor** Section (page 4)
 5. Complete the **Applicant Certification/Signature** Section (page 4)
- Five years or more of Professional Level Experience
 1. Complete the Summary Table of Professional Experience (page 3)
 2. Complete a section of the **Job Responsibility Description** Form for each job listed in the Table of Professional Level Experience. **Please do not** simply attach a Resume. (page 3)
 3. Complete the **Sponsor** Section (page 4)
 4. Complete the **Applicant Certification/Signature** Section (page 4)

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TABLE OF EDUCATIONAL EXPERIENCE

Institution	From	To	Degree	Major

SUMMARY TABLE OF PROFESSIONAL EXPERIENCE

Employer	Job Title	From	To	(a) Years Worked	(b) % Prof. Experience	(axb) Years Prof. Experience

Total Professional Experience: _____

NOTE: You must complete a section of the job responsibility description form for each Employer/Job Title listed in this summary table.

JOB RESPONSIBILITY DESCRIPTION FORM

1. Complete one job description section below for your current employer and for each employer and job title given in the Summary Table of Professional Experience as appropriate.
2. Provide as much detail of your Health Physics experience, as thought appropriate, so that an evaluation can be made of the professional level of experience given in the SUMMARY TABLE.
3. DO NOT SIMPLY ATTACH A RESUME.

Employer _____ Job Title _____
 Duties and Responsibilities _____

Employer _____ Job Title _____
 Duties and Responsibilities _____

Employer _____ Job Title _____
 Duties and Responsibilities _____

Employer _____ Job Title _____

Duties and Responsibilities _____

SPONSORS

1. Obtain the signatures of two PLENARY members in good standing of the Health Physics Society who will act as your sponsors.
2. A **Sponsor's Letter of Recommendation** is required from **One** of the sponsors outlining his/her knowledge of your current employment and Professional Experience. It is **Important** that the Sponsor's letter specifically address the professional level of experience you have described for your current employment and your past experience, as appropriate to your application.
3. This **Sponsor's Letter of Recommendation** must be forwarded **With Your Application** to the Executive Secretary. Incomplete applications will be returned to the applicant without further processing.

Plenary Sponsors	Date	HPS Member Number
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1) Sign _____	_____	_____
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Print _____

2) Sign _____	_____	_____
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Print _____

STUDENT MEMBERS

Academic Institution: _____ Major Field of Study: _____

Student Membership is limited to those individuals who are engaged in **FULL-TIME** study.

Sponsoring Professor

To the Executive Secretary: _____ is engaged in **full-time** study in the major field of study listed above. This field of study is in a Creditable Area of Education for Health Physics Society Membership.

Sign _____ Date _____

Print _____ Title _____

Address _____

APPLICANT CERTIFICATION/SIGNATURE

To the Membership Committee:

I certify that all the information contained in this application is correct, and agree that I will comply with the By-Laws, Rules and Code of Ethics of the Society as long as I continue as a member.

Signature _____ Date _____

Send completed forms and fee to: Health Physics Society
 1313 Dolley Madison Blvd., Suite 402
 McLean, VA 22101
 703-790-1745 Fax: 703-790-2672 Email: HPS@BurkInc.com
 Web Site: <http://www.hps.org>

Health Physics Society Prospectus

The Society is a professional organization whose mission is to promote the practice of radiation safety. Society activities include encouraging research in radiation science, developing standards, and disseminating radiation safety information. Society members are involved in understanding, evaluating, and controlling the potential risks from radiation relative to the benefits.

The activities of the Society are those appropriate to the mission including: (1) promoting cooperation and communication among people engaged in radiation safety activities within particular geographic areas and technical specialties through chapters and sections, (2) disseminating and exchanging information through scientific and professional meetings and publications, (3) encouraging scientific, professional, and public education, (4) promoting scientific research, (5) supporting the development and use of radiation safety standards, and (6) pursuing other activities appropriate to radiation safety.

The Society has approximately 6,000 members in over 40 countries and has established 48 chapters and 17 student branches throughout the United States. The membership of the Society is divided into two general subdivisions to include Voting Members and Non-Voting Members. Classes of voting membership available are Plenary, Fellow, Emeritus, and Life. Classes of non-voting membership are Associate, Student, Section, and Affiliate. Voting members are entitled to hold office in the Society. Student, Section, and Affiliate members may hold office in their respective groups. Dues are set each year by the Board of Directors. Application forms for membership are available from the Office of the Executive Secretary and should be returned to that office.

The official publications of the Society include, the journal *Health Physics*, *Operational Radiation Safety* magazine, the *Health Physics Society Newsletter*, and the *Membership Handbook*. The Society edits *Health Physics*, the official journal of the Health Physics Society, and the only journal devoted exclusively to the field of health physics. A monthly subscription to the Journal and a quarterly subscription to *Operational Radiation Safety* are included in the yearly membership dues. (All memberships are calendar year, January through December, any application received after October 1, will be processed for the following year). The Journal is available to non-members at a moderate cost. The *Newsletter* is issued monthly to all members, regardless of class. It regularly carries meeting notices, technical news, letters, book reviews, employment opportunities, and other communications from the Society. The Executive Secretary issues an official *Radiation Safety Professional's Membership Handbook* to each member in the Fall. The *Handbook* includes an alphabetical and geographical listing of all members, the By-Laws, and listings of the officers, committee members, chapters, Certified Health Physicists, Registered Radiation Protection Technologists, official position statements, and other useful information.

The Society maintains a Web Site, www.HPS.org, that provides the most current information about the Society, including public education materials, official Positions of the Society, and a member's only area.

The Society is affiliated with the International Radiation Protection Association (IRPA), the American Academy of Health Physics (AAHP), the American Board of Health Physics (ABHP), the American National Standards Institute (ANSI), the National Academy of Sciences (NAS), the National Council on Radiation Protection and Measurements (NCRP), and other Societies and institutions. As an affiliate of IRPA, the Society lends support to the promotion of health physics activities throughout the world. As the Secretariat for ANSI Main Committee N-13 (Radiation Protection), the HPS is provided with a mechanism to contribute toward a better environment through assisting in the development of national standards reflecting good practices in radiation safety.

The Society holds an Annual Meeting in June or July. In addition, the Society sponsors Topical Symposia in January or February each year. Information on these meetings is given in the Society's website, in the official publications, or may be obtained from the Office of the Executive Secretary. These meetings include presentations on scientific endeavors and practical experience of specialists in radiation safety and exhibits of radiation safety equipment and services. The Elda E. Anderson Award is presented each year to an outstanding young member of the Society for excellence in research or development, discovery or invention, or other significant contributions to the profession of health physics. Distinguished Scientific Achievement Awards recognize outstanding contributions of fundamental significance for the profession. Founder's Awards recognize members for exceptional contributions to the advancement of the Society or the field of radiation safety. The Robley D. Evans Commemorative Medal recognizes scientific achievement and other accomplishments as demonstrated by Professor Robley Evans. Senior members of the Society, who have made significant administrative, educational, and/or scientific contributions to the profession of health physics, are honored by awarding them the status of Fellows of the Society.

General Instructions

1. *Please carefully follow the instructions for completing this application.* Failure to properly complete this application may result in unnecessary delay in its processing and unnecessary effort for you and the volunteer members to the Health Physics Society that review the application.
2. Read the qualification requirements for each of the membership categories covered by this application (i.e., Plenary, Associate, and Student). Information on other membership categories may be obtained from the Secretariat.
3. Pick the category for which you qualify, and follow the instructions to complete the application for that category.
4. Send the completed forms **and** appropriate membership fees to the Health Physics Society at the address given at the end of the form. **Please note:** Applications will not be processed unless accompanied by the membership fees. All payments must be made in US Dollars. Checks must be drawn on US Banks. Visa, MasterCard, American Express, US Travelers Checks and US Postal Money Orders are also accepted. If you pay by credit card you must include: Card Type (Visa, MasterCard or American Express), Card Number, Card Expiration Date, Signature, Name as it appears on the card, the amount of the charge and the address to which the card is billed.
5. Important Tax Information: In keeping with the rules and regulations of the IRS, we are required to inform you that under IRC Section 1.162, that a percentage of your annual dues are non-deductible for Federal Income Tax purposes Please call 703-790-1745 for the current percentage.

Qualification Requirements/Definitions

Definitions

1. **Creditable Area of Education:** A course of study at an accredited college or university in the area of: radiological protection; radiological health; environmental sciences; natural, biological, or physical sciences; or, engineering. This course of study may include work towards an education degree as long as the major field of study is one of the listed areas.
2. **Professional Level Experience:** Work involving the application of scientific or engineering principles in the field of radiological protection at a level normally associated with that requiring advanced study/education. It is characterized by its responsibilities and knowledge requirement which set it apart from work that can be performed by individuals at a technician level of knowledge.

Membership Qualification Requirements

1. **Plenary Member** - Initial Membership Dues \$70.00* Renewal Dues \$105.00*
 - a. Be currently engaged in the practice, science, or technology or radiological protection at a professional level, *and*
 - b. Meet at least one of the following combinations of education and/or experience:
 - (1) Active Certification by the American Board of Health Physics
 - (2) Registration by the National Registry of Radiation Protection Technologists
 - (3) Masters or higher degree in a creditable area of education
 - (4) Bachelors degree in a creditable area of education and one full year of year of professional level experience
 - (5) Associate degree in a creditable area of education and three full years of professional level experience
 - (6) Five full years of professional level experience

NOTE: Plenary member applicants will automatically be granted Associate Membership upon receipt of their completed application while it is being reviewed for acceptance by the Membership Committee.

2. **Associate Member** - Initial Membership Dues \$70.00* Renewal Dues \$105.00*

Any individual with sufficient interest in radiation protection to apply for membership and pay dues is eligible for Associate Membership.

3. **Student Member** - Dues \$30.00*

Any student engaged in *full-time* study in a creditable area of education.

4. **Section Member** - Dues Vary by Section

*Dues are calendar year, i.e. January through December. If your application is received after 1 October it will be processed for the next year.