

Postgraduate certificate course  
Radiopharmaceutical Chemistry / Radiopharmacy  
**Application for Module I, Module II  
and Module III**

Last name	First name
Company / College	Institute
Department	Street No.
Postal code / Town	E-mail
Telephone	Fax
Date of birth	Official place of residence / Nationality
Qualifications	University / Year
Profession	Title*
Position (current)	
Work experience / previous knowledge of radiopharmacy	

\*Please give full title as given in your most recent academic certificate

Have you previously attended any nationally recognized radiation protection course?

yes     no

Do you want to attend

- Module I-III (Ljubljana 2015, Zurich 2016 and Leipzig 2016)
- Module I, August/September 2015 (Ljubljana, Slovenia)
- Module II, January/February 2016 (Zurich, Switzerland)
- Module III, August/September 2016 (Leipzig, Germany)

Place and date	Signature
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If you are employed with the ETH and your superior has approved your attending the course, the costs of the course may be reduced. In which case, please forward the following details:

ETH position held at	Signature of superior
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Applicants cancelling their applications two months before the course start must pay 50% of the course fee, for cancellations later than one month before start the full course fee has to be paid.