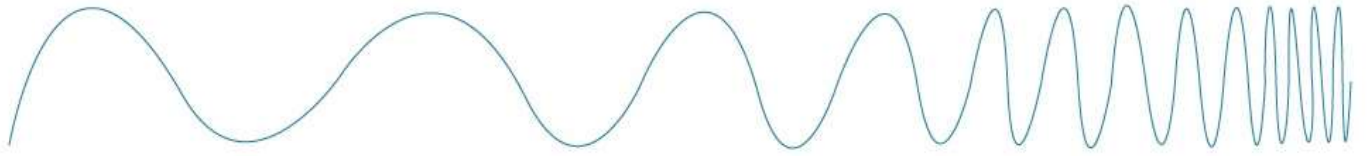




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# IONISING RADIATION REFRESHER COURSE FOR MEDICAL PRACTITIONERS

**01 April 2020 – 30 September 2020**  
**6 Months Online Course**

CPD Points: 30 General

## Introduction

To evaluate the current level of knowledge and skills of occupational medical practitioners (already working as Appointed Medical Practitioners) with regard to the necessary competencies (knowledge and skills) for managing the health aspects of ionising radiation as an occupational hazard and to provide refresher training where indicated.

The course also has the objective of ensuring fulfilment of the requirements for recognition with the National Nuclear Regulator as an “Appointed Medical Practitioner” as required in NNR standards.

## Target Group

Occupational medical practitioners who are working as Appointed Medical Practitioners and who have been identified by the National Nuclear Regulator to undergo refresher training in the management of the occupational health aspects of employees exposed to ionising radiation at the workplace.

## Content of online modules

The IR-AMP refresher course is an online training programme provided asynchronously via the SUNLearn platform.

### *The following module topics will be covered:*

- Legislation and licencing
- Risk assessment, risk perception and risk communication
- Ionising Radiation exposure and risk mitigation
- The effects of Ionising Radiation on the human body
- Medical surveillance of employees exposed to IR
- Managing Ionising Radiation overexposure and radiation effects
- Record keeping
- Radioactive waste management

## Registration Fees

Registration fee: R6 390

All participants who completed the course successfully will be awarded with CPD points and a certificate of competence from Stellenbosch University.

Final Registration: 31 March 2020

## Contact Details

**Stellenbosch University**

**StellMed**

Faculty of Medicine and Health Sciences

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# IONISING RADIATION REFRESHER ONLINE COURSE



01 April 2020 – 30 September 2020

## APPLICANT DETAILS

|  |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      |        |  |
|--|--|-------|----------|-------|--------|---------------|--|---------------------------|--|-----|----|---|-----|--|--|------|--------|--|
| Title  |  | Name  |          |       |        |               |  |                           |  |     |    |   |     |  |  |      |        |  |
| Surname  |  |       |          |       |        |               |  |                           |  |     |    |   | Tel |  |  |      |        |  |
| ID nr  |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      | Mobile |  |
| Medical Reg nr   |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      | Fax    |  |
| Employer   |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      |        |  |
| Please state your Postgraduate Occupational Health/Medicine qualification            |  |       |          |       |        |               |  |                           |  |     |    | Is this qualification registered with the HPCSA?                |     |  |  |      |        |  |
| Currently working for a National Nuclear Regulator (NNR) authorisation holder as AMP |  |       |          |       |        |               |  |                           |  | Yes | No | Name of NNR license holder and the Nuclear authorisation Number |     |  |  |      |        |  |
| Ethnicity (required by the Dept of Education)  |  | Black | Coloured | White | Indian | Home Language |  |                           |  |     |    |   |     |  |  |      |        |  |
| Highest Level of Education   |  |       |          |       |        |               |  | Qualification Institution |  |     |    |   |     |  |  |      |        |  |
|  |  |       |          |       |        |               |  | Year Obtained             |  |     |    |   |     |  |  |      |        |  |
| Email  |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      |        |  |
| Postal Address   |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  |      |        |  |
|  |  |       |          |       |        |               |  |                           |  |     |    |   |     |  |  | Code |        |  |

## PAYMENT DETAILS

|                  |   |
|------------------|---|
| Registration Fee | R 6 390 (please indicate payment options below) |
|------------------|---|

### Payment Options (v your option)

|   |  |
|---|--|
| <p><b>Internet Transfer</b> (send proof of payment to contact below)</p> <p><b>Payment by Institution</b></p> <p>Institution/Instansie: _____</p> <p>Contact person: _____</p> <p>Contact Tel Nr: _____</p> <p>Contact email: _____</p> | <p><b>Banking Details</b></p> <p>Stellenbosch University<br/>Standard Bank<br/><b>Acc no:</b> 072 264 535<br/>Cheque Account<br/><b>Branch code:</b> 050610<br/>Swift No: SBZAJJ<br/><b>Reference:</b> IR &amp; your surname</p> |
|---|--|

Please send the completed form and the proof of payment to: Thandiswa Tsolo  
Fax +27 86 517 9916 or +27 21 938 9732 • Email to [thandiswa@sun.ac.za](mailto:thandiswa@sun.ac.za)

