**Invitation to SSRMP Education Course on
"Medical physics in Nuclear Medicine"**

**February 2017**

Dear Colleagues,

SSRMP is going to offer a 2 days course for medical physicists being involved or getting involved soon in medical physics in the field of nuclear medicine.

The aim of the course is to review the physics of nuclear medicine to ensure that the education of the SSRMP certified medical physicists complies with article 74.7 of the Swiss Radiological Protection Ordinance requirements. It will define the scope of tasks, duties and responsibilities that should be performed by a SSRMP certified medical physicists to give the required support in nuclear medicine applications.

**Please take notes that only a limited number of places (15) will be available.**

**Subject: Nuclear Medicine**

* Quality assurance relating to patient dose of a gamma camera and PET systems:
	+ Level of image quality produced for a given activity
	+ Correlation between algorithms and image quality
	+ Adequacy of the imaging protocols with DRLs
* Patient dose estimation and verification:
	+ Phantom measurements
	+ Dose modeling
	+ Analyzing individual patient dose protocols and comparison to DRLs
* Patient and staff dose optimization
* Legal aspect of radioprotection.
* Task of medical physicist in nuclear medicine.
* Practical exercises.

**Venue: Zürich, UniSpital**

**Date and Time: 11th – 12th of May 2017**

**Fee: 500 CHF**

Please do not forget to fill in the registration form and send it back

**before 1st May 2017**.

We are looking forward to seeing you in Zürich.

###### Registration

**SSRMP Education Course on
"Medical physics in Nuclear Medicine"**

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| Title: \* | Dr.Ms.Mr.Prof.Prof. Dr. |
| Name: \* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First name: \* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution/company:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| E-mail: \* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature : |  |

Please return by mail, fax or E-mail as soon as possible.

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