

CAMIP

**Voluntary Registration
for Medical Illustrators**

**Guidance notes for Registration by the
Committee for the Accreditation of Medical Illustration Practitioners (CAMIP)
See www.camip.org.uk**

This document describes the process by which an applicant can be admitted to the CAMIP Voluntary Register. This route of entry will remain open until the CAMIP Voluntary Register is accepted by the Health Professions Council (HPC) as the State Register of Clinical Photographers.

Once the Voluntary Register has been accepted by the HPC, unregistered applicants will currently have a further two years to apply through the HPC's own 'grandparenting' process. After those two years, only those with an approved degree-level qualification will be eligible for State Registration.

The form on the following pages should be used to apply for admittance to the CAMIP Voluntary Register. This may be completed by:

- those with formal qualifications in medical illustration and have been practising in medical photography for the immediate last five years;
- those who have at least the immediate last five years' experience of clinical photography of patients but do not hold formal qualifications in medical illustration. These submissions will be assessed by a CAMIP-appointed panel to ascertain suitability and acceptance for CAMIP voluntary registration.

Applicants who fail to meet the criteria of these entry routes will have the opportunity to apply directly to the Health Professions Council's 'Grandparenting' Scheme in due course.

NB. Lapsed qualified members of a professional body, IMI or BIPP, are advised to apply to rejoin that body, as professional membership will guarantee admission to the Register.

APPLICATION FOR VOLUNTARY REGISTRATION
Committee for the Accreditation of Medical Illustration Practitioners (CAMIP)

Please complete this form legibly in black ink. Write 'N/A' across any sections which do not apply.
Additional information may be attached.

1. PERSONAL DETAILS

Give the Title by which you are normally addressed.

The 'Address for Correspondence' will be the one given in the Register and should, where possible, be your work address as the information will be in the public domain. Please ensure that you inform the Registrar of any future change of address.

Title _____ Surname _____

Forenames _____

Address for correspondence _____

Post Code _____

Telephone _____

Fax _____

E-mail _____

2. REFEREES

Your first referee should be your Head of Department or Line Manager. The choice of second referee is open to you, but should be a professional rather than a personal referee. All referees will be approached by the registration assessors for written information.

1. Name of first referee _____

Position held _____

Address _____

Post Code _____ Telephone _____

Fax _____ E-mail _____

2. Name of second referee _____

Position held _____

Address _____

Post Code _____ Telephone _____

Fax _____ E-mail _____

4. a. **HAVE YOU PREVIOUSLY BEEN ADMITTED TO THE CAMIP REGISTER?** **Yes/No**
IF YES, GIVE YEAR OF REGISTRATION _____

b. MEMBERSHIP OF PROFESSIONAL BODIES OR LEARNED SOCIETIES

Show here any memberships of recognised professional bodies (IMI, BIPP, RPS, OIA, etc.) as well as the appropriate date(s). Continue on a separate sheet if necessary.

Professional body or Learned Society	Category of membership	Membership number	Period of membership (dates from – to)

5. **PRIZES, HONOURS AND AWARDS WITH DATES**

These may include prizes and awards given by professional bodies such as IMI and BIPP, Learned Societies such as the RPS, or others you may nominate. Continue on a separate sheet if necessary.

Awarding body	Award	Year received

6. ARTICLES AND PUBLICATIONS

List articles written for professional journals, scientific journals or photographic magazines, as well as abstracts and reviews. State subject title, where published and when.

Copies of each listed item must be provided. Continue on a separate sheet if necessary.

Title of paper, review, etc.

Journal, reference, date

Title of paper, review, etc.	Journal, reference, date

7. ANY OTHER INFORMATION YOU WISH TO DRAW TO THE ATTENTION OF THE COMMITTEE.

This might include involvement with your professional body or society, activities undertaken within a health region or within your hospital, training/teaching experience, research and development activity including clinical trials, or other information you consider relevant.

10. DECLARATION

Read the Declaration below carefully and appreciate the significance of your signature to this document.

I hereby confirm that I have read and understood the document entitled 'Professional Code of Conduct including Rules of Conduct' as agreed by the Board of Directors, and Regulations Governing Disciplinary Procedure, issued by the Registrar of the Committee for the Accreditation of Medical Illustration Practitioners. (Note: these documents are available for download in PDF format from the CAMIP web site, www.camip.org.uk)

I declare that, if my application for membership of the Register is accepted by Committee, then, for as long as I remain a member of the Register, I will:

- observe a high standard of professional conduct, in practising as a clinical photographer;
- defer to the guidance and relevant rulings of the Committee on questions of conduct;
- submit to, or corroborate in the conduct of, the Committee's Disciplinary Procedure if called upon to do so;
- maintain the dignity and welfare of the Committee and the reputation of the Register to the best of my ability.

I declare that all facts given by me are true and correct and that any inaccuracies may affect the decisions given to my application.

I enclose two cheques:

1. A £40 assessment fee (cheque payable to 'CAMIP') and
2. A £50 Registration fee (cheque payable to 'CAMIP'). See Note below.

Signed _____

Name (printed) _____

Date _____

Note:

The fee for assessment of this application is £40 (non-returnable), plus a fee of £50 for the first year of CAMIP registration. Two separate cheques must accompany the application. If the application is unsuccessful, the £50 registration fee will be returned.

Should you wish to include information not requested within this form, but that you consider may assist your application for Voluntary Registration, please do not hesitate to submit it under Section 7, 'Other information...'

Please send the completed form with all inclusions to:

Angus Robertson MBE, BSc, Dip IMI, FIMI, Hon. FIMI, RMIP
CAMIP Registrar
Medical & Dental Illustration Unit
Leeds Dental Institute
Clarendon Way
Leeds. LS2 9LU

