



Voluntary Registration for Medical Illustrators

Application Form for  
Voluntary Registration

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

This document describes the process by which a potential registrant can apply to be admitted to the CAMIP Voluntary Register as an Independent registrant. The form on the following pages should be used and may be completed by those currently practising in medical illustration and who have one or more of the formal qualifications in medical illustration listed below.

In exceptional circumstances, it may be possible to gain registration if you have been practising in medical illustration for longer than five years but do not hold formal qualifications in medical illustration. Such applications, which would need to demonstrate professional competence over time and/or specialist knowledge or expertise, as well as the necessary CPD record, would be assessed on an individual basis by a CAMIP-appointed panel to ascertain suitability and acceptance for CAMIP voluntary registration.

NB. Lapsed qualified members of IMI are advised to apply to rejoin that body as, in some cases, professional Membership of IMI will guarantee admission to the Register. Do NOT use this form if you have recently become a full professional Member of IMI – your registration will be automatic, though you will be required to complete CAMIP's annual declaration each April.

The formal qualifications comprise one or more of the following:

- The BSc (Hons) in Clinical Photography (University of Westminster)
- The MSc in Medical Illustration and the Postgraduate Certificate in Medical Illustration (University of Wales)
- A degree or equivalent in photography and the Graduate or Postgraduate Certificate in Clinical Photography (Staffordshire University)
- A degree or equivalent in Graphic Design and the Graduate or Postgraduate Certificate in Graphic Design for Healthcare (Staffordshire University)
- The MSc in Medical Visualisation and Human Anatomy (Digital Design Studio, Glasgow School of Art)
- MAA Postgraduate Diploma in Medical Art
- MSc in Forensic Art (University of Dundee)
- MSc in Medical Art (University of Dundee)
  
- [IIP/BIPP Medical Basic, Higher, Conjoint or Qualifying examinations\\*](#)
- [The BSc in Medical Illustration \(Glasgow Caledonian University\)\\*](#)
- [IMI/GCU BSc Conversion\\*](#)
- [IMI Diploma\\*](#)
- [IMI PEC\\*](#)

\* [Denotes qualifications no longer current](#)

# **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 \_\_\_\_\_

E-mail \_\_\_\_\_

### **2. REFEREES**

Your first referee should be your current 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 Registrar for written information.

1. Name of first referee \_\_\_\_\_

Position held \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name of second referee \_\_\_\_\_

Position held \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**3. HAVE YOU PREVIOUSLY BEEN ADMITTED TO THE CAMIP REGISTER? YES / NO**  
**IF YES, GIVE YEAR OF REGISTRATION**

**4. PROFESSIONAL/VOCATIONAL QUALIFICATIONS RECORD**

**a. General photographic, art or design qualifications.**

List all examinations passed, e.g. Degree, HND/OND/ Diploma, Graduate or PG Certificate, etc.

Continue on a separate sheet if necessary.

Documentary proof in the form of photocopies of certificates must be provided.

List the qualification, the educational institute, the subject, the Class/Award and the year achieved.

**b. Medical photography/illustration qualifications.**

See list under **Guidance Notes** on the second page of this form.

List the qualification, the qualifying body, the subject, the Class/Award and the year achieved.

**5. MEMBERSHIP OF PROFESSIONAL BODIES OR LEARNED SOCIETIES**

Show here any memberships of recognised professional bodies (IMI, BIPP, MAA, RPS, etc.) as well as the appropriate date(s).

List the name of the professional body or society, the category of membership, membership number (if known) and the period of membership.

**6. 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.

List the awarding body, the award and the year/date received.

**7. ARTICLES AND PUBLICATIONS**

List articles written for professional journals or magazines, as well as any abstracts, reviews, published blogs or any other relevant published material. State subject title, where published and when. Copies of each listed item must be provided. Continue on a separate sheet if necessary.

**8. ANY OTHER INFORMATION YOU WISH TO DRAW TO THE ATTENTION OF THE REGISTRAR.**

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

## **9. PROFESSIONAL WORK RECORD**

Give details of your present post and then detail in chronological order all previous positions whether within medical illustration or not. A continuous record back to the conclusion of your full-time education is required.

Please indicate any career breaks. Continue on a separate sheet where necessary.

You should show the employer, your grade or position, start and end dates and primary duties.

**10. ATTENDANCE AT ANY RELEVANT TRAINING COURSES, PROFESSIONAL MEETINGS, STUDY DAYS AND OTHER CPD ACTIVITY UNDERTAKEN.**

Include those offered by your employing authority. Do not list further back than five years. Continue on a separate sheet if necessary.

<b>Detail of course and duration, meeting, activity, etc.</b>	<b>Dates (start, end)</b>	<b>Full or part-time</b>	<b>Qualification or outcome (if appropriate)</b>
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[illegible]

## 11. DECLARATION

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

I hereby confirm that I have read and understood the documents entitled '[Code of Conduct, performance and ethics for CAMIP registrants](#)' and '[CAMIP Investigation and Disciplinary Procedure](#)' as agreed by the Board of Directors. These are available for download in PDF format from the CAMIP web site, [www.camip.org.uk](http://www.camip.org.uk), accessible via the '[Information for Practitioners](#)' link.

I declare that, if my application for membership of the Register is accepted by the 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 medical illustrator;
- ensure that any change of address, position or professional circumstance is notified to the Registrar immediately and/or kept up to date on the CAMIP web site;
- 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;
- maintain an up-to-date CPD portfolio which may be audited, with due notice, at any time;
- complete the statutory declaration annually on renewal of my registration fee.

I confirm that there are no current or pending investigations, complaints or disciplinary proceedings against me and that I will inform the CAMIP Registrar of any such investigations or proceedings in the future.

Independent Registrants only: I declare that I hold current Public Liability Insurance to a minimum value of £1 million and that this will be kept current to cover the period of registration to 31 March each year.

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 on following page.)

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 submit it under Section 8, 'Other information...'

Please send the completed form with all inclusions to:

Mr. Simon Brown MSc FIMI RMIP  
CAMIP Chair and Registrar  
4 Simon De Montfort Drive  
Evesham  
Worcs WR11 4NR

(email: [registrar@camip.org.uk](mailto:registrar@camip.org.uk))