



Maintenance of Certification Data Update Form

TYPE OR PRINT (IN INK) ALL INFORMATION

CONTACT INFORMATION

Please indicate whether any of this information has changed since you last updated us.

Name: _____ Male Female
New Last First Middle

What was your name when you received your last certification?

Social Security No. (U.S. or Canadian) _____ Date of Birth: _____
MM / DD / YYYY

E-Mail Addresses: Office: _____ Home: _____
New New

Please indicate the email address where you wish to receive correspondence: Office Home
 (If this is left blank correspondence will be sent to your home email address.)

Home Address:

New Street Address

City State Zip

Please list your current employer/practice name and contact information.

New Employer or Practice Name

New Street Address

City State Zip

Telephone Numbers: Office: _____ Fax: _____
New New

Home: _____ Fax: _____
New New

Please select one:

I will participate in the ABR MOC program for all certificates I hold (including lifetime certificates, if applicable).

I will participate in the ABR MOC program for the following certificate(s):

I won't participate in the ABR MOC program for any certificates I hold.

Last name

First name

Middle name

**AGREEMENT OF APPLICANT FOR ABR MAINTENANCE OF CERTIFICATION PROGRAM
PLEASE READ CAREFULLY BEFORE SIGNING**

I, the undersigned applicant, hereby make application to enroll in the Maintenance of Certification Program (ABR-MOC), administered by the American Board of Radiology, Inc. (hereinafter, the Board). I understand that this program is designed to monitor my continued career education. I agree to participate in ABR-MOC in accordance with and subject to stated rules and regulations, as amended from time to time, including the timely payment of fees. I agree to disqualification from the program or from issuance of a certificate in the event that any of the statements herein made by me are false, or if I violate any of the rules and regulations governing the program.

I accept responsibility for keeping truthful and accurate records of my participation in the program, including CME credits earned, self-assessment projects completed, and any other activities that pertain to fulfilling the requirements of ABR-MOC. I understand that I must keep the Board apprised of any changes in the status of my licensure or other regulatory agency certification. It is also my responsibility to inform the Board of any change of my address.

I accept that admissibility to any examination is determined by the executive committee of the Board, and that the certifying examinations will be supervised by proctors who are responsible to the Board and empowered by the Board to ensure that the examination is conducted ethically and in accordance with the rules of the Board. I understand that I must bring an unexpired government-issued photo identification to any examination that I attend. Such identification includes one of the following: state-issued drivers license, military ID, passport, state-issued ID. I further understand that no beeper, recorder, camera, PDA, cellular phone, or any device that has the capability to record or transmit pictures, text, or sound can be brought to the examination; and that I am not permitted to bring into the examination any notes, scratch paper, textbooks, calculators or other reference materials. I further understand that irregular behavior before, during or after the examination such as copying answers, sharing information, using notes, or otherwise giving or obtaining unauthorized information or aid—evidenced by observation, statistical analysis of answers, or otherwise—on any portion of the examination will be reported to the Board and will constitute grounds for the invalidation of my examination, and may lead to my being judged unacceptable for certification by the Board. I recognize that examination booklets, examination questions, props for the computer based examination, and questions on the computer based examination are copyrighted as the sole property of the American Board of Radiology and must not be removed from the test area or reproduced, in whole or in part, and that any reproduction of copyrighted material, whether from memory or otherwise, is a federal offense and that I may be liable to pay damages incurred by the Board.

I recognize the trustees of the American Board of Radiology as the sole and only judge of my qualifications to receive and to retain certificates issued by the Board and to have my name and demographic data included in any list or directory in which the names of diplomates of the specialty boards are published. I understand and agree that in the consideration of my application, my moral, ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons named in my application and of such other persons as the Board deems appropriate with respect to my moral, ethical and professional standing; that if information is received which would adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of any individual who has furnished adverse information concerning me; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf. I also pledge myself to the highest ethical standards in the practice of radiology.

In furtherance to my application to the American Board of Radiology, I hereby request and authorize any hospital or medical organization of which I am a member, have been a member, or to which I have applied for membership, and any person who may have information which is deemed by the Board to be material to its evaluation of my application, to provide such information to representatives of the Board upon their request. I agree that communication of any nature made to the Board regarding my application may be made in confidence and shall not be made available to me under any circumstances. I hereby release from liability any hospital, medical staff, medical organization or person, and the Board and its representatives, from liability for acts performed in good faith and without malice in connection with the provision, collection, or evaluation of information or opinions, whether or not requested or solicited by the Board in connection with my application. I understand and agree that as an applicant, I have the responsibility to supply the Board with information adequate for the Board's proper evaluation of my credentials. I further agree that I will not cause or attempt to cause any public disclosure of the contents of any application, including my own, or any proceedings of any committee's evaluation of such application, whether such disclosure is by operation of law or otherwise.

I waive and release and shall indemnify the Board and its directors, members, officers, committee members, employees, and agents from, against and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys fees) alleged to have arisen from, out of, with respect to or in connection with any action which they, or any of them, take or fail to take as a result of or in connection with this application, any examination conducted by the Board which I apply to take or take, the grade or grades given me on the examination and, if applicable, the failure of the Board to issue me a certificate or qualification or the Board's revocation of any certificate or qualification previously issued to me.

Signature _____ Date _____

**Send to: THE AMERICAN BOARD OF RADIOLOGY Fax (520) 790-3200
5441 E. WILLIAMS BLVD., SUITE 200
TUCSON, ARIZONA 85711**

There is no money due at this time. Refer to your personal schedule for invoicing information.