

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>Approved:</b>	<b>Date Reference Requested:</b>
<b>Date Received</b>	<b>Registration No.</b>

8-2011



## International Medical Graduate Alternate Pathway for Diagnostic Radiology Registration for Initial Certification Examinations

*This is the registration form you need if you are an international medical graduate applying for certification in **diagnostic radiology**. One form takes you through the entire examination process. Do not file any subsequent registration forms unless the ABR instructs you to do so.*

**Make two copies of this form.** Use extra paper for additional data if necessary.

TYPE OR PRINT CLEARLY (IN INK) ALL INFORMATION.

**CONTACT INFORMATION**

***Any change in contact information must be reported to the ABR immediately.***

Name: \_\_\_\_\_  Male  Female  
Last name                      First name                      Middle name

Address to which you want Board correspondence sent:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City                      State                      Zip

If available, last 4 Digits of your Social Security Number (U.S. or Canadian): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
MM / DD / YY                      City                      State                      Country

Citizenship: \_\_\_\_\_ Country of medical training: \_\_\_\_\_  
Country

Telephone Numbers: Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Sponsoring Institution: \_\_\_\_\_

Name of Sponsoring Department Chair: \_\_\_\_\_  
Print

1. Candidate's responsibilities: (Please initial to acknowledge)

- \_\_\_\_\_ A. I acknowledge the need to attend conferences in all areas related to diagnostic radiology in order to facilitate preparation for ABR exams.
- \_\_\_\_\_ B. I acknowledge the need for mastering all six core competencies and attest to this attainment prior to invitation to the oral examination.
- \_\_\_\_\_ C. I am aware of the current AU (Authorized User) eligibility requirements and MQSA requirements in breast imaging.
- \_\_\_\_\_ D. I will visit ABR website to review key exam dates, updates in ABR policies and requirements of the certification process.
- \_\_\_\_\_ E. I acknowledge that a one-time nonrefundable fee is due at the time of submission of documents.
- \_\_\_\_\_ F. I am aware of my four-year plan as described on the Sponsoring Department Agreement (SDA).

2. Requirement: Candidate must complete four continuous years at the same Sponsoring Department, which has a Diagnostic Radiology program accredited by the ACGME. (See ABR IMG Requirements at [http://www.theabr.org/DR\\_IMG.htm](http://www.theabr.org/DR_IMG.htm).)

3. The board will assess your application only after receipt of the following documents:

- Current, detailed Curriculum Vitae with specific dates of training
- Verification of medical school training
- Verification of foreign clinical year training with dates
- Verification of foreign radiology residency with dates
- Verification of foreign radiology board certification
- Sponsoring Department Agreement (SDA) signed by the department chair.
- Copy of ECFMG certificate
- Copies of USMLE Steps (1-2) score reports
- Copy of USMLE Step 3 will be required six months prior to the certifying examination.
- Copy of current medical license (will be required six months prior to the certifying examination)
- Payment of \$300.00 (one-time nonrefundable administration fee)

If original documents are in a language other than English, English translation must accompany them. After submission of all documents, the ABR has the right to file your application for six months; thereafter, the ABR will return your application. If all necessary documents are not submitted within three months, the ABR will return your application to you with no action.

**Medical Education:**

Medical School \_\_\_\_\_  
Institution City State

Degree: \_\_\_\_\_ Year \_\_\_\_\_  
Enter degrees received

Degree: \_\_\_\_\_ Year \_\_\_\_\_  
Enter degrees received

**Post-medical-school training in your country of origin:**

**Clinical Training – *Please enclose a copy of your internship certificate.***

Institution	City, State	Began (MM / DD / YY)	Completed (MM / DD / YY)

***Please detail your training in diagnostic radiology in your country of origin.***

Institution	City, State	Began (MM / DD / YY)	Will Complete (MM / DD / YY)

***Please list contact information for department chair pertinent to this registration.***

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Please name of any other field of residency in which you have trained: \_\_\_\_\_***

Institution	City, State	Began (MM / DD / YY)	Completed (MM / DD / YY)

Other specialty board certification: Board \_\_\_\_\_ Date \_\_\_\_\_

***Please list any medical practice, hospital staff, and/or teaching appointments you have held since medical school.***

Position/Field \_\_\_\_\_ Location \_\_\_\_\_ To/From \_\_\_\_\_

Position/Field \_\_\_\_\_ Location \_\_\_\_\_ To/From \_\_\_\_\_

**Licensure**

List any licensure or other regulatory agency certification required. If you are not yet licensed, leave this blank, but remember that you must send an update as soon as you receive your license(s).

State/Province: \_\_\_\_\_ Lic./Cert. No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM / YYYY

State/Province: \_\_\_\_\_ Lic./Cert. No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM / YYYY

**PLEASE READ CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby register with the American Board of Radiology, Inc., for examination leading to certification, in accordance with and subject to stated rules and regulations. I agree to disqualification from examination or from issuance of a certificate of qualification in the event that any of the statements herein made by me are false, or if I violate any of the rules governing such examination. I recognize the trustees of the American Board of Radiology (hereinafter, the Board) as the sole and only judge of my qualifications to receive and to retain a certificate 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 registration, 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 registration form 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 registration, 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. I accept that admissibility to all certifying examinations is determined by the executive committee of the Board, and that each examination 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 government-issued photo identification to any examination that I attend. Such identification includes one of the following: state-issued driver's license, military ID, passport, or state-issued ID. I further understand that no beeper, recorder, camera, PDA, cellular phone, or any device that has the capability to record 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 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 materials, examination questions, props for the oral examination, and questions on the oral 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 is a federal offense. In furtherance to my registration with 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 registration, 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 registration 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 registration.

I understand and agree that as a registrant, 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 registration form, including my own, or any proceedings of any committee's evaluation of such registration form, 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 attorney's 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 registration, any examination conducted by the Board which I register to take or take, the grade or grades given me on an 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. To help analyze the effectiveness of my training program, I hereby authorize the American Board of Radiology to release, in confidence, to the chair of the department of which the program is a part, the results of my performance on the examinations conducted by the American Board of Radiology.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:**

1. You must submit **the original and one copy** of the registration form.
2. Incomplete forms or applications will **NOT** be accepted. The postmark affixed to the last item received to complete your registration must be on or before the deadline date.
3. Registration forms will be accepted all year. The filing deadline for examination in any given year is **December 31** of the year preceding the exam.
4. For a listing of fees to be submitted with this form, please refer to our website: <http://www.theabr.org>.
5. All payments must be in U.S. currency. Payment may be made by personal check, money order, Visa or MasterCard, payable to The American Board of Radiology. **If your payment is declined for any reason, there will be a \$100.00 processing fee.** If paying by Visa or MasterCard, please attach a completed Credit Card Form (following page). Please note that the ABR cannot accept credit card forms by email.
6. Return completed applications along with required payment to:

THE AMERICAN BOARD OF RADIOLOGY  
Attn.: Alternate Pathway Program  
5441 E. WILLIAMS BLVD., SUITE 200  
TUCSON, ARIZONA 85711

