
Last name

First name

Middle name



Diagnostic Radiology Maintenance of Certification Practice-Profiled Exam Registration

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?

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

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

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

Telephone Numbers: Office: _____ Fax: _____
New New

Home: _____ Cell: _____
New New

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

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CERTIFICATION

Please mark your certification specifics.

I hold certification in:	Which expires December 31:
<input type="checkbox"/> <i>Diagnostic Radiology</i>	Year: _____
I also hold diagnostic radiology subspecialty certification in:	Which expires December 31:
<input type="checkbox"/> <i>Nuclear Radiology</i>	Year: _____
<input type="checkbox"/> <i>Neuroradiology</i>	Year: _____
<input type="checkbox"/> <i>Pediatric Radiology</i>	Year: _____
<input type="checkbox"/> <i>Vascular and Interventional Radiology</i>	Year: _____

PROFESSIONAL STANDING

List any licensure or other regulatory agency certification required for your practice in any jurisdiction of the United States or Canada where you practice (if/as applicable):

State/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYYState/Province: _____ Lic./Cert. No: _____ Expiration Date: _____
MM / YYYY**Please attach additional pages if necessary for further licensure or clarifying comments.**

Currently, or at any time since your certification with the American Board of Radiology, have you had a restriction, condition, limitation, suspension or revocation placed on any of your state licenses?

 Yes* No

*If "Yes" you are required to submit your statement providing the details of any disciplinary actions and restriction, condition, limitation, suspension or revocation of your state license, including the names of the disciplining agency or licensing board, the date thereof, the subject matter and any sanctions.

***Please attach appropriate documents and additional pages if necessary.**

In order for your exam registration to be processed, the following must be completed:

1. *You must be current in your payments to ABR-MOC. You do not have to have the entire cycle paid before you take the exam—you must only be current in your annual payments. As you will continue with your other components throughout the cycle, we expect the payments to continue as well.*
2. *You must complete your practice profile by logging in to your personal database (PDB) at www.abronline.org and clicking on Part 3 Cognitive Expertise. Declaring your clinical practice profile will allow the ABR to determine the content modules you will be given at the exam if selected for participation.*

If you have previously logged into your PDB and need a password reminder, please go to www.abronline.org and click the “Forgot your password?” link.

To access your PDB for the first time, you will need:

- ABRID # (shown on your ABR certificate)
- Date of birth
- Confirmation # (request at <https://www.abronline.org/requestConfirm.cfm>)

To begin, go to <https://www.abronline.org/firstlogin.cfm>, enter the information listed above, and click on “Create My Account.”

Note: Please remember that passing the exam is only one component of the MOC program. Unless you are at the end of your 10-year cycle, you still have continuing education credits to earn, SAMs to complete, and Practice Performance projects to finish.

- I intend to apply for special exam accommodations under the Americans with Disabilities Act, and acknowledge that my application and all required documentation must be received in the ABR office no less than six weeks before my exam date.*

Last name

First name

Middle name

EXAMINATION REGISTRATION

Please visit the ABR website for a list of currently scheduled exam dates. We will attempt to honor your preference. However, because of limited seating for computer-based examinations, assignments will be made on a first-come, first-served basis.

• **The selected exam date must fall within year 8, 9, or 10 of your MOC cycle or during your non-certified Grace period.**

• **MOC examination registration, date selection, and fee payment must be completed and received by the ABR 6 weeks before the selected exam date.**

Late registration may be possible, and will be considered up to 4 weeks prior to exams administered at annual society meetings OR up to 2 weeks prior to exams in Tucson.

The fee for late registration is \$100.00.

• **The ABR will send you a confirmation letter specifying the day, time and location of your exam immediately after your exam registration is processed.**

• **Cancellation and No-show Fees:**

A fee of \$400.00 will be charged for cancellations received less than three weeks prior to the scheduled exam date.

Please specify your exam date choice:

Exam Date

Location

Send your completed form and any fees that are due to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS BLVD., SUITE 200
TUCSON, ARIZONA 85711

Or fax to: (520) 790-3200

You signed a statement similar to that on the following page when you enrolled in MOC. As some time has elapsed since that date, we require that you review the document and sign it again prior to taking your examination.

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 driver's license, military ID, passport, state-issued ID. I give my consent to being photographed and to collection of my biometric data, which the Board will use solely for the purpose of confirming my identity as the eligible examinee. 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 _____