

DO NOT WRITE IN THIS SPACE	
Approved:	Date Reference Requested:
Date Received:	Registration No.:

5-2017



**Application for Initial Certification Examinations
Osteopathic (DO) Physicians
Alternate Pathway for Diagnostic Radiology Certification**

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 mailed:

Street Address

City State Zip

If available, last four 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: _____

Please 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 Authorized User (AU) eligibility requirements and MQSA requirements in breast imaging.
- _____ D. I will visit the 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 application documents.

2. Requirement: Candidate must complete four continuous years at the same Sponsoring Department, which has a diagnostic radiology program accredited by the ACGME or RCPSC (Canada). (See ABR DO Alternate Pathway Requirements at <https://www.theabr.org/diagnostic-radiology/initial-certification/alternate-pathways/do-pathway>).

3. Requirements: Candidate will submit the following documentation for review:

- Current, detailed Curriculum Vitae with specific dates of all training
- Verification of medical school training
- Verification of one year of clinical training in an AOA, ACGME or RCPSC-approved program.
- Verification of AOA-accredited radiology residency training
- Verification of AOBR certification
- Sponsoring Department Agreement (SDA) signed by the department chair
- Copy of current medical license (will be required six months prior to the certifying examination)
- Payment of a one-time nonrefundable administrative fee

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

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.

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

Please list contact information for department chair and program director where you completed your DO residency:

Full Name	Business Address	Zip Code
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

Please list any other residencies in which you have trained: _____

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

Other specialty board certification: Board _____ Date _____

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 _____

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

Agreement for Candidates and Diplomates

- I, the undersigned, hereby register with the American Board of Radiology, Inc. (hereinafter the "Board" or "ABR") for its examination process leading to certification, in accordance with and subject to the policies, rules and regulations and the Bylaws of the Board, as they may be amended from time to time.
- By entering into this Agreement for Candidates and Diplomates (hereinafter the "Agreement"), I pledge myself to the highest ethical standards in the practice of [diagnostic radiology] [radiation oncology] [medical physics].
- I agree to disqualification from examination 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 polices, rules and regulations, or the Bylaws of the Board.
- I agree to timely payment of initial certification fees during training and the period when I am "board eligible" but not yet certified.
- I recognize the trustees of the Board as the sole and only judge of my qualifications to receive and to retain a certificate issued by the Board. I understand and agree that as a registrant or a diplomate of the Board, I have the responsibility to supply the Board with information adequate for the Board's proper evaluation of my character and my credentials.
- Additionally, I hereby request and authorize any hospital or medical or professional 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 or certification, 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 or certification 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 or professional organization or person, and the Board and its trustees and other 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 or certification.
- I understand and agree that in 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 and entities 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 or entity 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 agree that I will not use any litigation process, subpoena or other means to cause or attempt to cause any disclosure of the contents of any registration form, including my own, or any proceedings of any committee's evaluation of such registration form or of my certification, whether such disclosure is by operation of law or otherwise.
- I accept that the Board determines admissibility to all qualifying and certifying examinations, and that each examination is supervised by proctors who are responsible to the Board and are 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 government-issued photo identification includes one of the following: state-issued driver's license, military ID, passport, or state-issued ID.
- I give my consent to be photographed and to the collection of my biometric data, which the Board will use solely for the purpose of confirming my identity as the eligible examinee.

I understand that no pager, 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 any irregular behavior before, during or after the examination, such as copying answers, sharing information about specific questions or answers, using notes during any examination, 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 constitute grounds for the invalidation of my examination, and may lead to my being judged unacceptable for certification by the Board.

I recognize that all ABR examination materials are copyrighted as the sole property of the Board and must not be removed from the test area or reproduced, in whole or in part, through memorization or by any other means, and that any reproduction of copyrighted material is a federal offense, and may also subject me to discipline by the Board in accordance with its policies, rules and regulations. In the event the Board conducts a hearing into an examination irregularity at which I am either the subject of the investigation or a witness to the actions of one or more other examinees, I will cooperate fully with the Board, including appearing at any hearing and providing testimony.

To help analyze the effectiveness of the training program and/or department in which I prepared for my examination(s), I hereby authorize the Board to release, in confidence, to the director(s) of the program in which I am enrolled or was formerly enrolled, and to the chair of the department of which the program is a part, the results of my performance on the examinations conducted by the Board.

If I become certified, I consent to have my name and demographic data (including type and date of all ABR certifications and maintenance of certification status) included in any list or directory in which the names of diplomates of the specialty boards are published. I agree that the Board is not liable for information provided to the medical community or to the public regarding my certification status, and I further agree that I will promptly notify the Board of any error or omissions in such information.

If I become certified, I understand and agree that the continued validity of my certificate will be contingent upon my meeting the requirements of the Maintenance of Certification Program (ABR-MOC) administered by the Board, as amended from time to time. I understand that the ABR-MOC program is designed to monitor my professional standing, lifelong learning and self-assessment, cognitive expertise, and practice quality improvement, each an MOC component for which I am responsible. I agree to participate in ABR-MOC in accordance with and subject to stated policies, rules and regulations, as amended from time to time, including timely payment of fees. The Board does not undertake any responsibility to provide individual diplomates with notice of changes to MOC policies. I further understand it is my responsibility to stay informed regarding all phases of the MOC program and my progress therein, through my personal data base and the ABR website. I will keep truthful and accurate records of my participation in the MOC program, and I will promptly advise the Board of any change of my current contact information.

I understand that it may be necessary to revise and update this Agreement at a later date, and that as a condition of continued certification and/or participation in MOC, that I may be required to execute and return to the Board a revised Agreement, which shall replace and supersede the terms of this Agreement. The portions of this Agreement relating to examination security are subject to modification by the Board in the most current version of its Exam Security Policy posted on its website and/or in specific agreements that may be required in order to register for or to take an examination.

I waive and release and shall indemnify and hold harmless the Board and its trustees, 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 Agreement, 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, suspension or probation of any certificate or qualification previously issued to me and/or the Board's notification of any interested parties of its actions.

Signature: _____ Date: _____

PLEASE NOTE:

1. You must submit **one copy** of the application form.
2. Incomplete forms will **NOT** be accepted. The postmark affixed to the last item received to complete your application must be on or before the deadline date.
3. Application forms will not be accepted prior to July 1. The filing deadline for examination in any given year is **December 31st** of the year preceding the exam.
4. For a listing of fees to be submitted with this form, please refer to our website:
<https://www.theabr.org/do-alternate-pathway-fees>
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 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 to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS CIRCLE
TUCSON, ARIZONA 85711-7412



CREDIT CARD FORM

Please note that the ABR cannot accept credit card forms by email.

Candidate name: _____

Exact name that appears on credit card: _____

The following information must be as it applies to billing of the credit card.

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____

Visa MasterCard

CC#:

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Expiration date: _____ Amount authorized: \$ _____

Signature of cardholder: _____

If your payment is declined for any reason, there will be a \$100 processing fee.

For office use only
ABR ID #: _____ Fee Code: _____