ABR ID:	
Date Received:	
Date Approved / Approved by:	



MEDICAL PHYSICS STRUCTURED MENTORSHIP International Medical Physics Graduates Sponsoring Department Agreement

Therapeutic Medical PhysicsDiagnostic Medical Physics

□ Nuclear Medical Physics						
Name of international medical physics graduate candidate for ABR certification:						
Last	First	Middle				
To be completed by the program dir	ector of the Medical Physics p	rogram:				
Institution:						
Name of program director:		Print				
Name of Supervising Medical Phys (must be a diplomate of the ABR)	icist:	Print				
1. Sponsoring department's respo	onsibilities for the three-year s	structured mentorship (pleas	e initial to acknowledge):			
•	linical facilities with a list of ece evant ABR structured mentors	• •	ailable.			
	strumentation or clinical capa e the supervised clinical train	•				

05/2017

Inform candidate and provide the opportunity to attend conferences in all areas related to medical

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appropriate 2nd institutional agreement).

physics in order to facilitate preparation for ABR exams.

	В.	B. A detailed table outlining the clinical rotations, including activities to be performed and the period to be involved. The rotations may be organized around equipment/procedures or clinical services. Certified physicians involved in rotations must be listed.				
		(Refer to the relevant ABR structured mentorship	description.)			
	C.	Description of plan to assess progress that include	25:			
		Establishment/format of candidate portf	olio			
		Frequency and format of progress report	:S			
		Attestation to performance regarding fu	filling the competencies			
	D	Plan/mechanism for inclusion of a PQI project				
	E	Alert candidate as to key dates for application fo medical physics certification. (Details available at physics/initial-certification/certification-requirements)	www https://www.theabr	.org/medical-		
		ding structured mentorship requirements is availa tification/international-medical-graduates.	able at <u>https://www.theabr</u>	.org/medical-		
Signature of H	Неа	l of Department:	Date:	_		
Signature of S	Supe	rvising Medical Physicist:	Date:	-		
Signature of C	Can	idate:	Date:			

05/2017

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