

Citizenship: _____ Country of medical physics training: _____

Primary Telephone Number: _____

Primary E-mail Address: _____

Name of Sponsoring Institution: _____

Department within Sponsoring Institution: _____

Name of Department Head: _____

Telephone number: _____ Email: _____

Name of Supervising Medical Physicist (must be certified by the ABR): _____

Telephone number: _____ Email: _____

Business Address: _____

Highest Degree Awarded/Institution Name:

Location of Institution (City, State, Country):

Please detail your training in fundamental physics in your country of origin:

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

Please detail your training in medical physics in your country of origin.

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

Please list any staff and/or teaching appointments you have held.

Position/Field _____ Location _____ To/From _____

Documents that must be submitted by the candidate for review:

The candidate must submit all items listed below to the ABR in a single application packet in order for the documents to be reviewed:

_____ **Academic transcripts (undergraduate and graduate): Must have an MS or PhD from an institution of higher education with at least the equivalent of a minor in physics.**

_____ **Evaluation by an ABR-approved credentialing evaluation organization**
<https://www.theabr.org/medical-physics/initial-certification/international-medical-graduates/approved-credentials-evaluation-organizations> stating that the foreign academic degrees received are equivalent to those given by accredited U.S. institutions.

_____ **Documentation/evidence that the candidate has an education equivalent to at least the requirements of an MS degree in medical physics from a CAMPEP-accredited program (www.campep.org)**

_____ **Copy of any documents reflecting qualified medical physics status in foreign country of origin (e.g., professional certificates, license to practice medical physics, etc.)**

_____ **Documentation of employment as a clinical medical physicist in the foreign country of origin (minimum of 1 year).**

_____ **Verification of current employment as a medical physicist in the United States.**

_____ **Sponsoring Institution/Department Agreement that includes:**

- **Attestation as to clinical facilities/equipment available per specification of the clinical rotation plan.**
- **Finalized plan of clinical rotations. ABR-certified physicians available for supervision and mentoring should be listed for each rotation.**
 - **Plan for periodic annual evaluation and reporting of progress, including attestation to fulfillment of six competencies by the end of the structured mentorship**
 - **Signature of the department chair**

- *Signature of the supervising medical physicist*
- *Signature of the candidate*

_____ **Payment of nonrefundable administrative fee. See <https://www.theabr.org/medical-physics/initial-certification/international-medical-graduates/international-medical-graduates-fees> for current fees.**

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 policies, 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 **the original and one copy** of the application form.
2. Application forms will be accepted all year. The filing deadline for examination in any given year is **December 31** of the year preceding the exam.
3. For a listing of fees to be submitted with this form, please refer to our website at <https://www.theabr.org/medical-physics/initial-certification/international-medical-graduates/international-medical-graduates-fees>.
4. All payments must be in U.S. currency. Payment may be made by personal check, money order, VISA, MasterCard, or American Express, 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 credit card, please attach a completed Credit Card Form (see following page). Please note that the ABR cannot accept credit card forms by email, due to security risks.
5. Be sure to remember to include all items listed in ***bold red italics*** on page 3 of this form.
6. Return completed applications along with required payment to:

THE AMERICAN BOARD OF RADIOLOGY
Attn: MP Structured Mentorship
5441 E. WILLIAMS CIRCLE
TUCSON, ARIZONA 85711



AMERICAN
BOARD OF
RADIOLOGY

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 American Express

Credit Card# (no spaces):

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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: _____

Send to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS CIRCLE
TUCSON, AZ 85711-7412
FAX: (520) 790-3200