

**FOR OFFICE
USE ONLY**

Approved: Part 1 _____ Part 2 _____ AMP/RSO/None _____

Approval Signature _____

Approval Signature _____

Date Received:

Application Number:

08/2017

ABR

AMERICAN
BOARD OF
RADIOLOGY

Medical Physics Application for Initial Certification

Use this application form ONLY if you are applying for ABR certification in medical physics for the FIRST TIME. If you have previously submitted an application, contact the ABR for your status. This application will be reviewed for Part 1 only. Upon passing Part 1, you will be given information on applying for Part 2. You cannot apply for Part 1 until you have passed Part 1.

Before completing this form, please review the following webpages:

Time Limits and Board Eligibility: www.theabr.org/medical-physics/initial-certification/certification-requirements/time-limits-and-board-eligibility

Exam Requirements: www.theabr.org/medical-physics/initial-certification/part-1-exam/requirements-application

Please print single sided. Use extra paper for additional data if necessary.

Please indicate the subfield in which you are applying for certification:

- Therapeutic Medical Physics**
 Diagnostic Medical Physics
 Nuclear Medical Physics

1. 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

City

State

Zipcode

Country

Last 4 digits of your Social Security Number (U.S. or Canadian): _____

(If you are not a U.S. or Canadian citizen, please use the last 4 digits of your work visa or a 4-digit number that you will remember)

Date of Birth: _____ (mm/dd/yy) Birthplace: _____
State Country

Primary Telephone Number: _____

Primary Email Address: _____

Highest Degree Awarded: _____ Month and year awarded: _____

Major: _____ CAMPEP - Accredited Program? (Yes or No) _____

Institution Name and Location (City, State, Country): _____

Complete Sections 2 and/or 3 as appropriate

****IMPORTANT**** If you submit your application based on enrollment in a CAMPEP-accredited program (graduate, DMP, certificate or residency), and you leave the program prior to completion, you must notify the ABR within 30 days and you should not take any exams until approved by the ABR.

2. CAMPEP-accredited (www.campep.org) Graduate Program Information:

Complete this section only if you are enrolled in or have graduated from a CAMPEP-accredited program.

CHECK ONE: Graduate Program DMP Program Certificate Program

Currently enrolled in program Date of enrollment (mm/yy) _____

Graduated from program - or - Date degree awarded (mm/yy on transcript) _____

Institution Name _____ City, State _____

Program Director Name _____

Program Director Email address _____

****Required**** If you are currently enrolled in a graduate or certificate program, you must submit a letter from your program confirming that you are enrolled and in good standing in the program. The letter must be on institution letterhead and signed by the program director. If you have completed the graduate program, you must submit an **official** transcript that reflects your degree conferral. Additionally, if you are enrolled in a certificate program, you must submit an **official** transcript reflecting your highest degree conferral.

3. CAMPEP-accredited (www.campep.org) Medical Physics Residency Program Information

Currently enrolled in residency Date of enrollment (mm/yy) _____

OR

Dates of the completed residency (mm/dd/yy): Start: _____ Completed: _____

Do you hold only non-United States (U.S.) or Canadian degrees? Yes No

Institution Name _____ City, State _____

Program Director Name _____

Program Director Email address _____

****Required**** You must submit, along with this application, a letter from the program director that states you are enrolled and in good standing in the program, or have completed the program. The letter must be on institution letterhead and include the program director's signature. Additionally, you must submit an official transcript that reflects your highest degree conferral*. All documentation must be submitted with this application in one packet.

* Candidates in a medical physics residency holding only non-United States or Canadian degrees (both graduate and undergraduate) MUST provide documentation that their foreign degree(s) are equivalent to those granted from an approved institution in the U.S. Please go to the [ABR-approved list](#) to view the credential organizations list (NACES) and instructions. No credentialing institutions other than those listed on the ABR website will be accepted.

Random Audit Policy:

For the next few years, the ABR will randomly select 20 percent of candidates for an audit of their credentials. To comply with the audit, the candidate will be asked to submit documentation that they have fulfilled all requirements for certification in medical physics as listed within the [ABR Audit Standards Policy for Initial Certification in Medical Physics](#). These requirements are in agreement with those established by CAMPEP (www.campep.org) and will continue to be expected of individuals entering CAMPEP-accredited programs. These requirements include, among other things, that the academic background of the individual contains coursework that is equivalent to at least a minor in physics. Candidates should review the audit requirements and be prepared in advance to supply the documents requested.

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 Initial Certification and Maintenance of Certification (MOC; also known as Continuous Certification) processes, in accordance with and subject to the policies, procedures 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 my discipline.
- ✓ 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, procedures, or the Bylaws of the Board.
- ✓ I agree to timely payment of initial certification fees during training and the period when I am enrolled in the initial certification process 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, certifying, and MOC 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 and procedures. 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.
- ✓ Throughout my candidacy for initial primary (general) or subspecialty certification, I consent to have my name and demographic data published, along with my board eligibility status. If I become certified, I consent to have my name and demographic data (including type and date of all ABR certifications and MOC 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 and procedures, 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.

By signing this application, I agree to the terms and conditions listed above.

Signature: _____ Date: _____

CHECKLIST FOR SUBMISSION:

Apply according to the following schedule:

Initial Application Process Timeline

Sept. 1: Application acceptance window opens.

Oct. 31: Deadline to submit a **complete** application packet to the ABR. Packets postmarked after this date will be returned, with the next opportunity for submission being in September 2018 for the 2019 initial qualifying examinations under the requirements in place for the 2018 examinations.

Nov. 30: Notification of exam eligibility for first-time applicants for Part 1. Denied applicants are given one opportunity to appeal.

Dec. 30: Deadline for receipt of appeal.

Jan. 30: Final notification of exam eligibility following review of appeal requests (only one appeal is allowed per year).

Submit the following documents:

One **signed** copy of the application form. Incomplete forms/packets will be returned to you.

CAMPEP-accredited program documentation via one of the following:

- If you are enrolled in a CAMPEP-accredited graduate, DMP or certificate program, you must submit a letter from your program director that states that you are enrolled and in good standing in the program. The letter must be on institution letterhead and be signed by the program director.
- If you have completed a CAMPEP-accredited graduate, DMP or certificate program, you must submit an official transcript that reflects your degree conferral.
- If you are enrolled in, or have completed a certificate program, you must submit an official transcript reflecting your highest graduate degree conferral.

OR

● If you are enrolled in or have completed a CAMPEP-accredited residency program, you must submit a letter from your program director that states you are enrolled & good standing in, or have completed the program.

- You must submit an official transcript that reflects your highest graduate degree

NACES evaluation conferral. – Required for candidates in a medical physics residency if all degrees are non-U.S or Canadian (not required if one or more degrees were completed in the U.S.) Paperwork must be sent from the organization directly to the ABR. (Refer to [ABR Approved Credentials Evaluation Organizations.](#))

All fees are nonrefundable and must be in U.S. currency. Payment may be made by personal check, 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 (following page). Please note that the ABR cannot accept credit card forms by email. Please see the [Dates, Locations & Fees page](#) for the current fee schedule.

All documents, including the completed application form, must be submitted via postal mail to:

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

Faxed or emailed packets are not acceptable.

Incomplete forms will *not* be accepted.

Once you have submitted your application packet, do not contact the ABR until after the acceptance/denial notification date listed above. The ABR will not respond to telephone or email requests regarding receipt of your application packet prior to this date. If verification of receipt is desired, packets should be sent with return receipt requests, or using a company that employs a tracking mechanism.



CREDIT CARD FORM

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

Purpose of payment: Medical Physics Part 1 Application Fee

Candidate Name:

Exact name that appears on credit card:

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

Billing address:

City: State: Zip Code:

Phone: -

VISA [] MasterCard [] American Express []

Credit Card# (no spaces):

Grid for credit card number

Expiration Date: Amount Authorized: \$ 505.00

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, ARIZONA 85711-7412
FAX: (520) 790-3200