

**FOR OFFICE  
USE ONLY**

Approved: Part 2 \_\_\_\_\_ AMP/RSO/None \_\_\_\_\_

Approval Signature \_\_\_\_\_

Date Received:

Application Number:



8-2017

**2019 & After**  
**Medical Physics Application for  
Initial Certification in a 2<sup>nd</sup> or 3<sup>rd</sup> Discipline**

*Use this application form ONLY if you are an ABR diplomate certified in at least one discipline of medical physics (diagnostic, nuclear, or therapeutic medical physics) and you are applying for ABR certification in an additional discipline of medical physics. You may seek certification in only one discipline at a time.*

*Before completing this form, please review information on Certification in Additional Disciplines located here: [www.theabr.org/medical-physics/initial-certification/certification-requirements/certification-additional-disciplines](http://www.theabr.org/medical-physics/initial-certification/certification-requirements/certification-additional-disciplines)*

**Make two copies of this form.** Use extra paper for additional data if necessary.

**TYPE OR PRINT ALL INFORMATION CLEARLY (IN INK).**

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

**Therapeutic Medical Physics**

**Diagnostic Medical Physics**

**Nuclear Medical Physics**

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Male Female  
Last name First name Middle name

Address to which you want Board correspondence sent:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

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

Primary Telephone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Highest Degree Awarded: \_\_\_\_\_ Month and Year Awarded: \_\_\_\_\_

Major: \_\_\_\_\_

Institution Name / Location of Institution (City, State, Country): \_\_\_\_\_

## 5 XXjhcbU`7 YfhjWUjcbfbg`L`Dc`WmUbX`DfcWgg`

Any ABR diplomate certified in at least one specialty of medical physics (diagnostic medical physics, nuclear medical physics, or therapeutic medical physics) may pursue board certification in additional medical physics specialties. A candidate who begins pursuing a second certificate may abandon it to pursue a certificate in a different medical physics specialty. The candidate may not, however, pursue two additional certificates at the same time. The candidate must be enrolled in the MOC program and meeting all MOC requirements for his or her first medical physics specialty, while pursuing an additional certificate. The additional year of clinical experience cannot begin until after the diplomate is fully certified in the previous discipline(s).

The candidate must gain the equivalent of at least one year of clinical experience in that specialty. Beginning with applications accepted for the 2019 Part 2 exam, the clinical training for a second certificate must be obtained in a prospective manner. This requires that the candidate select a supervisor who is certified by the ABR in the discipline for which they wish to seek an additional certificate. The candidate and the supervisor will then develop a training plan that would include:

- € How the one year of additional training will be achieved. This must be one full year of training, but may be spread over more than one calendar year.
- € A brief outline of the topics to be covered and how and by whom the training will be accomplished.
- € How the items on the [attached list of ABR standards](#) will be accomplished.
- € How the candidate will be trained in general medical physics competency: appropriate medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as described in AAPM Report 249.
- € By the end of the training, the supervisor must be willing to attest that the candidate meets the commonly accepted canons of ethical behavior such as those described in the AAPM Code of Ethics and is qualified to practice medical physics independently.

Once the plan is completed, it must be signed and dated by both the candidate and the supervisor. The completed training plan must be sent to the ABR along with this application for an additional certificate. When the ABR approves the plan, the training can begin.

When the training is completed the supervisor will be asked to attest that the training has been completed and if approved the candidate will become board eligible in the additional discipline. For more information on time limits and board eligibility see here:

[www.theabr.org/medical-physics/initial-certification/certification-requirements/time-limits-and-board-eligibility](http://www.theabr.org/medical-physics/initial-certification/certification-requirements/time-limits-and-board-eligibility)

### **D@5 G9`F958`75F9: I @M69: CF9`G= B=B;** 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 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 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 ~~de~~ 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 ~~de~~ 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 that 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 that it is my responsibility to stay informed regarding all phases of the MOC program and my progress therein, through myABR 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 which is 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 that 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 that I apply to 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**

**Submit the following documents:**

☒ One ***signed*** copy of the application form

☒ Training plan signed by you and your supervisor.

☒ Payment:

- Please see the current fee schedule:  
[www.theabr.org/medical-physics/initial-certification/certification-requirements/dates-locations-fees](http://www.theabr.org/medical-physics/initial-certification/certification-requirements/dates-locations-fees)
- 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 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.
- If your payment is declined for any reason, there will be a \$100 processing fee.

All documents, including completed application forms, must be submitted 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 and training plan, the ABR will review the plan and notify you of your approval, or denial. If your training plan is denied, you will be provided feedback as to why it was denied. If approved, you can begin the training plan.**



**CREDIT CARD FORM**

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

Purpose of payment: Medical Physics Additional Discipline Application

Candidate name: \_\_\_\_\_

Exact name that appears on credit card: \_\_\_\_\_

***The following information must be listed 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: \$ 650.00

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