

CAMPEP-Accredited Program Enrollment Attestation

This form is only to be used if you are *enrolled* in a program. If you have completed a program, you will be asked to scan and attach as documentation a copy of your official transcript/residency certificate.

Please complete fillable sections of the form, print it, and give it to your Program Director to sign. The form must be scanned and attached to your Part 1 application, submitted online.

Student / Resident Name:					
Program Name:					
Program Director Name:					
Program Type:					
Check One:					
Graduate Program	MS	PhD	DMP	Certificate	
Residency Program					
Dear Program Director, The above-named medical physicis this candidate's admissibility to the accredited program, please comple	board exa te the atte	amination prestation belo	rocess is cor ow and retur	ntingent upon enrollment in it to the resident.	n a CAMPEP-
I attest that the above-named applic indicated above.	cant is en	rolled and	in good sta	nding in the Campep-ac	credited program
Program Director Signature		Printed	Name of Pr	ogram Director	

Part 1: https://www.theabr.org/medical-physics/initial-certification/part-1-exam/requirements-application
Part 3: https://www.theabr.org/medical-physics/initial-certification/part-2-exam/requirements-application
Part 3: https://www.theabr.org/medical-physics/initial-certification/part-3-exam/requirements-application

Complete ABR requirements the exams are available on the website: