The American Board of Radiology
Medical Physics Recommendation

The following candidate is applying for certification in MEDICAL PHYSICS. The Board requests your **written** evaluation of the professional qualifications of the applicant in the field indicated below.

The form must be signed & include a written evaluation either on the form, or on a separate letter bearing your signature.

Candidate Name: _____

Applying for certification in

____ Therapeutic Medical Physics ____ Diagnostic Medical Physics ____ Nuclear Medical Physics

Reference Name (must be an ABR certified physician): _____

Indicate the basis for your recommendation:

_____ I participated in the clinical training of the applicant and observed the applicant's performance in the clinical setting.

_____ I did not participate in the clinical training of the applicant, but I have observed the applicant's performance in the clinical setting at _____

I have observed the candidate for _____ months. (Please count experience through August 31, 2019)

Based on my knowledge of the applicant's activity in the clinical setting, by August 31, 2019, the above-named applicant will have acceptable clinical experience to sit for the ABR Physics Exam.

****REQUIRED**** **Please include a written evaluation in the space provided**

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Signed: _____ Dated: _____