

CAMPEP-Accredited Residency Attestation

Please complete fillable sections of the form, print & give the form to Program Director to sign.
The form must be scanned & attached to your online Part 2 application form.

Resident/ABR Candidate Name:

ABR ID:

Residency Program Name:

Program Director Name:

Dear Program Director,

The above-named medical physicist has indicated that training in your program was previously completed, or will be completed by August 31, 2020. Since this candidate's admissibility to the board examination process is contingent upon having fulfilled the training requirements, please complete the attestation below and return to the resident.

**This section must be completed by the CAMPEP residency program director ONLY.
Please select the appropriate statement below and provide the required signatures.**

I certify, that in my judgment, the above-named applicant has or will have achieved adequate professional qualifications and satisfactory completion of their training for admission to the Part 2 and Part 3 (Oral) examination in:

Therapeutic Medical Physics

Diagnostic Medical Physics

Nuclear Medical Physics

CAMPEP-accredited residency completion / expected completion date: _____

Program Director Signature

OR

I CANNOT certify that the above-named applicant will have achieved adequate professional qualifications and satisfactory completion of their training. Therefore, the applicant is judged not to be prepared Part 2 and Part 3 (Oral) examination in medical physics. The applicant is NOT recommended for this examination at this time.

Program Director Signature

Complete ABR requirements the exams are available on the website:

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

Part 3 (Oral): <https://www.theabr.org/medical-physics/initial-certification/part-3-exam/requirements-application>