

## **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:					
Graduate program:					
Check One:	☐ MS	☐ PhD	☐ DMP	☐ Certificate	
Residency Program					
This section must be complet appropriate statement below  Dear Program Director,  The above-named medical physical candidate's admissibility to accredited program, please con	and provi	de the requence of the decired	uired signatu at he or she is a process is o	ures. s currently enrolled in you contingent upon enrollmer	ır program. Because
I attest that the above-named a indicated above.	pplicant is	enrolled ar	nd in good s	tanding in the CAMPEP-	accredited program
Program Director Signature	<del></del>	Pri	inted Name c	of Program Director	Date

Complete ABR requirements the exams are available on the website:

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

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