## 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:	
4	Applying for certification in
-	Therapeutic Medical Physics Diagnostic Medical Physics Nuclear Medical Physics
Referen	ce Name (must be an ABR certified physician):
Indicate	e 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 ob	oserved the candidate for months. (Please count experience through August 31, 2021)
	my knowledge of the applicant's activity in the clinical setting, by August 31, 2021, the above-named applicant acceptable clinical experience to sit for the ABR Physics Exam.
	IRED** Please include a written evaluation in the space provided
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\_ Dated: \_\_

Signed: \_\_