# MEDICAL PHYSICS STRUCTURED MENTORSHIP
# International Medical Physics Graduates
# Sponsoring Department Agreement

**Select One**

O Therapeutic Medical Physics

O Diagnostic Medical Physics

O Nuclear Medical Physics

Name of international medical physics graduate candidate for ABR certification:

_____

Last First Middle

---

*To be completed by the program director of the Medical Physics program:*

Institution: _____

Name of program director: _____
Print

Name of Supervising Medical Physicist: _____
(must be a diplomate of the ABR) Print

Proposed Training Dates:

Intended to be a prospective two-year training plan; however, candidates may use up to one year of retrospective training.

Start: _____ End: _____
mm/dd/yyyy mm/dd/yyyy

**Sponsoring department's responsibilities for the two-year structured mentorship (please initial to acknowledge):**

| Supervisor | Candidate | |
|---|---|---|
| _____ | _____ | A. Description of clinical facilities with a list of equipment and capabilities available. (Refer to the relevant ABR structured mentorship description.)<br><br>If any specific instrumentation or clinical capability is not available at the home institution or institution where the supervised clinical training may be acquired, it must be indicated (with the appropriate 2nd institutional agreement).<br><br>Inform candidate and provide the opportunity to attend conferences in all areas related to medical physics in order to facilitate preparation for ABR exams. |
| _____ | _____ | B. A detailed table outlining the clinical rotations, including activities to be performed and the time period to be involved. The rotations may be organized around equipment/procedures or clinical services. Certified physicians involved in rotations must be listed.<br><br>(Refer to the relevant ABR structured mentorship description.) |
| _____ | _____ | C. Description of plan to assess progress that includes:<br>○ Establishment/format of candidate portfolio<br>○ Frequency and format of progress reports<br>○ Attestation to performance regarding fulfilling the competencies |
| _____ | _____ | D. Plan/mechanism for inclusion of a PQI project (1 required) |
| _____ | _____ | E. Alert candidate as to key dates for application for Part 1, Part 2, and Part 3 (Oral) exams for ABR medical physics certification. (Details available at https://www.theabr.org/fees-and-payments/#medical-physics) |

Information regarding structured mentorship requirements is available at https://www.theabr.org/get-certified/alternate-pathways-to-certification/#mp-impg-alternate-pathway.

_____

Signature of Head of Department Date

_____

Signature of Supervising Medical Physicist Date

_____

Signature of Candidate Date