



American Board of Medical Physics, Inc.  
P.O. Box 780518 --- San Antonio, TX 78278

## Application Form – ABMP Exam Part I, II, or III

### A. Please check the Examination(s) for which you are applying:

#### Part I – ABMP 2016 Written Exam

- ☐ Part I – General Medical Physics (written exam) -----Sunday, **July 17, 2016**, in Spokane, Washington
- ☐ Part I – General Medical Physics (written exam) -----Saturday, **July 30, 2016**, in Washington, D.C.
- ☐ Part I – Magnetic Resonance Science (written exam)-----Saturday, **July 30, 2016**, in Washington, D.C.

#### Part II – ABMP 2016 Written Exam

- ☐ Part II - Medical Health Physics (written exam) -----Sunday, **July 17, 2016**, in Spokane, Washington
- ☐ Part II - Medical Health Physics (written exam) -----Sunday, **July 31, 2016**, in Washington, D.C.
- ☐ Part II - Mag. Res. Imaging Physics (written exam) -----Sunday, **July 31, 2016**, in Washington, D.C.

#### Part III – 2016 ABMP Oral Exam

- ☐ Part III – MRI Physics (oral exam) -----Sat. **July 30** OR Sun. **July 31, 2016**, in Washington, D.C.
- ☐ 1<sup>st</sup> time                      ☐ Conditional Retake                      ☐ Full Exam Retake
- ☐ Part III – Medical Health Physics (oral exam)-----Sat. **Jun 4, 2016**, in Baltimore, Maryland
- ☐ 1<sup>st</sup> time                      ☐ Conditional Retake                      ☐ Full Exam Retake

### B. Your Contact Information (required for all exam applicants)

<b>Name</b>	Last Name	First Name	Middle Initial	<b>Gender:</b>
<b>E-mail Address</b>				
<b>Mailing Address</b>	Street Address	City	State / Country	Postal Code
<b>Phone #'s</b>	Cell Phone Number		Other Phone Number / Extension	

**\*\*It is IMPERATIVE that you notify the ABMP (at [abmpexam@gmail.com](mailto:abmpexam@gmail.com)) of any change in your contact information. You will be mailed an admission ticket for entry to your exam, as well as your results.**

**C. Your Education Information (required for application to Part I exam only)**

Degree	Year Awarded	Institution / Location	Major

**IMPORTANT:** As part of the application process for the Part I exam, you **MUST** order an official transcript of your degree(s) to be sent to the ABMP by the awarding university.

**\*\*Transcripts from degrees awarded from universities outside of the United States must be**

- translated into English, if not written in English, and,
- if the university is not accredited, the courses must be evaluated for equivalence to courses offered in the United States

**D. Employment History (required to determine if you meet clinical experience requirement)**

Years of Work Experience in Clinical Medical Physics and/or MR Science (post-degree): \_\_\_\_\_

<b>Current Employer</b>	
<b>Employer Address</b>	
<b>Supervisor</b>	
<b>Job Description</b>	
<b>Dates Employed</b>	
<b>Approximate # hours worked per week</b>	

<b>Previous Employer</b>	
<b>Employer Address</b>	
<b>Supervisor</b>	
<b>Job Description</b>	
<b>Dates Employed</b>	
<b>Approximate # hours worked per week</b>	

**\*\*For additional employment, please note information on the back of this page, in a similar format.**

### **E. Professional References (required for those applying for Part II written exams)**

Two letters of endorsement are required for first-time applicants for the Part II written exams.

Please note the following requirements:

- Letters of endorsement should be requested by you, and mailed by your references directly to the ABMP (address on last page of form).
- Each person that writes a letter on your behalf should clearly specify his/her knowledge of your clinical and/or human research professional experience.
- Reference letters must be received *no later* than one week after the application due date.
- Applications for Part II written exams are not considered complete until *both* reference letters have been received by the ABMP.

**A letter of endorsement has been requested from the following Certified Physician:**

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Certified by:</b>	

**A letter of endorsement has been requested from the following Certified Medical Physicist or MRI Scientist:**

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Certified by:</b>	

### **F. Previous Certification Exams Taken**

Please indicate any certifying exams that you have previously taken, and the outcome. Include exams taken by the American Board of Medical Physics (ABMP), American Board of Radiology (ABR), American Board of Health Physics (ABHP), and Canadian College of Physicists in Medicine (CCPM). If you have passed a similar Part I exam (in General Medical Physics) given by one of the above certifying boards, you may be able to waive Part I of the ABMP exam. Attach a copy of your "Pass" letter if you wish to have it considered.

Certifying Board	Description of Exam	Year Taken	Outcome

## **G. Examination Fees**

Please check all that apply:

- ☐ Part I - written exam fee = \$100
- ☐ Part II - written exam fee = \$400
- ☐ Part III - ORAL exam fee- (*full*) = \$400
- ☐ Part III - ORAL exam fee - (*conditional retake*) = \$200
- ☐ LATE FEE (for applications not **complete** by DUE date) = additional \$100

Total Enclosed = \$\_\_\_\_\_

**\*\*Enclose a check or money order, payable in US funds, to American Board of Medical Physics.**  
Note that all fees are non-refundable and non-transferable once an applicant has been accepted for an exam.

## **H. Agreement between Applicant and American Board of Medical Physics**

I, \_\_\_\_\_, recognize the American Board of Medical Physics (ABMP), Inc., as the sole and only judge of my qualifications to sit for the examinations conducted by the ABMP; and I agree to hold harmless, individually and collectively, the Directors and appointed Examiners of the ABMP for any decision or action pursuant to their duties in connection with this application, or for failure of the ABMP to issue me a certificate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail all documentation, including application form and fees, to the following address:**

Executive Director, ABMP  
P.O. Box 780518  
San Antonio, TX 78278

EXAM APPLICATIONS AND SUPPORTING DOCUMENTS ARE DUE BY  
**APRIL 15, 2016**

If you have any questions, please contact the ABMP at (210) 901-9052, or at [abmpexam@gmail.com](mailto:abmpexam@gmail.com).