



Statement of Endorsement by Certified Physician

The following individual, has applied to take the *ABMP Part II Written Exam* in Medical Health Physics.

In the space below, please describe your knowledge of this candidate's clinical and/or human research professional experience. If "RSO Eligible" is checked, please specify your knowledge of the candidate's experience with issues related to Radiation Safety, such as shipping / receiving radioactive materials, surveying, emergency planning, etc.

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Signature

Date

Certified Physician's Name:	
Certifying Board:	
Does the NRC recognize you as <input type="checkbox"/> Radiation Safety Officer, <input type="checkbox"/> Authorized Medical Physicist, <input type="checkbox"/> Authorized Nuclear Pharmacist, <u>and/or</u> <input type="checkbox"/> Authorized User ?	
Specialty:	Year:
Place of Employment:	
Title / Position:	Phone #:

Please complete and e-mail to abmpexam@gmail.com **OR**
 send by mail to: Executive Director, ABMP - P.O. Box 780518 - San Antonio, TX 78278