



2021 Application Form – Exam Part I, II, or III

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

Part I – ABMP Written Exam in General Medical Physics or MR Science

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| General Medical Physics
<small>(can be taken for either track)</small> | <input type="checkbox"/> Saturday, June 12, 2021 , in <i>Chicago, Illinois, USA</i> |
| | <input type="checkbox"/> TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> |
| Magnetic Resonance Science | <input type="checkbox"/> Saturday, June 12, 2021 , in <i>Chicago, Illinois, USA</i> |
| | <input type="checkbox"/> TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> |

Part II – ABMP Written Exam in MRI Physics or Medical Health Physics

- | | |
|-----------------------------------|--|
| MRI Physics | <input type="checkbox"/> Saturday, June 12, 2021 , in <i>Chicago, Illinois, USA</i> |
| | <input type="checkbox"/> TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> |
| Medical Health Physics | <input type="checkbox"/> Saturday, June 12, 2021 , in <i>Chicago, Illinois, USA</i> |
| | <input type="checkbox"/> TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> |
| MR Physics for Rad Therapy | <input type="checkbox"/> TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> |

Part III - ABMP ORAL Exam

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> MRI Physics | TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> | | |
| <input type="checkbox"/> 1 st Attempt | <input type="checkbox"/> Conditional Retake | <input type="checkbox"/> Full Exam Retake | |
| <input type="checkbox"/> Medical Health Physics | TBD, October 2021 , in <i>Baltimore, Maryland, USA</i> | | |
| <input type="checkbox"/> 1 st Attempt | <input type="checkbox"/> Conditional Retake | <input type="checkbox"/> Full Exam Retake | |

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

Last Name:	First Name:	Middle Initial:
E-mail Address:	Phone Number:	Optional Gender:
Mailing Address:		

C. Education Information (required for application to Part I exam or if requested)

Degree Awarded	Year Awarded	Institution / Location	Major Field of Study

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. Electronic transcripts, *sent by the institution*, are acceptable and preferred.

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

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

C. 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)

Current Employer	
Employer Address	
Supervisor	
Job Description	
Dates Employed	
Approximate # hours worked per week	

Previous Employer	
Employer Address	
Supervisor	
Job Description	
Dates Employed	
Approximate # hours worked per week	

**If needed, please add 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 be on the designated ABMP forms
- Filled-out forms can be mailed by your references directly to the ABMP (address on last page of form), or e-mailed by the individual to the ABMP.
- Each person that writes a letter on your behalf should clearly specify his/her knowledge of your clinical and/or human research professional experience.
- ALL applicants for the Part II Medical Health Physics exam must fill out an Attestation Form (on the website), which documents adequate training and experience in Radiation Safety.
- 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 (fillable forms at www.abmpexam.com) has been requested from the following Certified Physician:

Name	
Title	
Address	
Certified by:	

A letter of endorsement (fillable forms at www.abmpexam.com) has been requested from the following Certified Medical Physicist or MRI Scientist:

Name	
Title	
Address	
Certified by:	

F. Previous Certification Exams Taken

Please indicate any certifying exams that you have previously taken, and the outcome. 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	Subject	Description of Exam (Pt I, II, etc)	Year Taken	Outcome (pass/fail)

G. Examination Fees (for ISMRM discount, please send proof of current membership)

Part I - written exam fee: (non-ISMRM member) = \$315 (ISMRM member) = \$158

Part II - written exam fee: (non-ISMRM member) = \$550 (ISMRM member) = \$275

Part I & II - written exams at same venue: (non-ISMRM member) = \$865

(ISMRM member) = \$432.50

Part III - ORAL exam fee: Full Exam = \$625 Conditional Retake = \$315

LATE FEE (as advised by the Executive Director) = additional \$150

\$ = Total for Exam(s)

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 *OR* you may also pay through PayPal on the website, www.abmpexam.com, under the "Test Information" tab; fee amounts are slightly higher due to a service charge kept by PayPal.

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."

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Signature of Applicant

Date

****NOTE: Import your digital signature into the box above OR print and sign after filling out form.**

*****TWO WAYS TO SUBMIT YOUR APPLICATION*****

<p style="text-align: center;">Submit Online</p> <p>a) send saved form as PDF to abmpexam@gmail.com</p> <p>b) send payment by PayPal, at http://www.abmpexam.com/</p> <p>c) send supporting documents to abmpexam@gmail.com</p>	<p style="text-align: center;">Send Application and Payment by Mail to</p> <p style="text-align: center;">Executive Director, ABMP P.O. Box 780518 San Antonio, TX 78278</p>
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Questions? Contact the Executive Director at (210) 901-9052, or at abmpexam@gmail.com