



## Statement of Endorsement by Certified Physicist

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. Include how long you have known the candidate.**

--	--

*Signature*

*Date*

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

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