



2022 Application Form – Exam Part I, II, or III

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

Part I – On-Site Online Exam

Part I Exam	Part I Exam Location
<input type="checkbox"/> General Medical Physics	<input type="checkbox"/> ISMRM: Saturday May 7 – London, England, UK
<input type="checkbox"/> Magnetic Resonance Science	<input type="checkbox"/> AAPM: Saturday July 9 – Washington, DC, USA
	<input type="checkbox"/> <i>Optional Testing:</i> October TBD – Baltimore, MD, USA

Part II – On-Site Online Exam

Part II Exam	Part II Exam Location
<input type="checkbox"/> Medical Health Physics	<input type="checkbox"/> ISMRM: Saturday May 7 – London, England, UK
<input type="checkbox"/> Mag. Res. Imaging (MRI) Physics	<input type="checkbox"/> AAPM: Sunday July 10 – Washington, DC, USA
<input type="checkbox"/> MRI Physics for Radiation Therapy	<input type="checkbox"/> <i>Optional Testing:</i> October TBD – Baltimore, MD, USA

Part III – In-Person ORAL Exam

Part III Exam	Location	Exam
<input type="checkbox"/> Medical Health Physics	<input type="checkbox"/> October TBD – Baltimore, MD, USA	<input type="checkbox"/> 1 st time Exam
		<input type="checkbox"/> Conditional Retake
		<input type="checkbox"/> Full Exam Retake
<input type="checkbox"/> MRI Physics	<input type="checkbox"/> ISMRM – May 7, London England	<input type="checkbox"/> 1 st time Exam
		<input type="checkbox"/> Conditional Retake
	<input type="checkbox"/> AAPM – July 9&10, Washington DC	<input type="checkbox"/> Full Exam Retake
<input type="checkbox"/> MRI Physics for Radiation Therapy	<input type="checkbox"/> October TBD – Baltimore, MD (unconfirmed)	<input type="checkbox"/> 1 st time Exam
		<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)

	Medical Health Physics track	MRI Physics track	MRI Physics for Radiation Therapy track
Part I on-site / online exam	General Medical Physics <input type="checkbox"/> \$330	Magnetic Resonance Science <input type="checkbox"/> \$330 Magnetic Resonance Science <input type="checkbox"/> \$165 (<i>ISMRM member*</i>) General Medical Physics <input type="checkbox"/> \$330	N/A Must show proof of previous certification in MRI Physics, R/T Physics, or Diagnostic Imaging Physics
Part II on-site /online exam	Medical Health Physics <input type="checkbox"/> \$580	Mag. Res. Imaging Physics <input type="checkbox"/> \$580 Mag. Res. Imaging Physics <input type="checkbox"/> \$290 (<i>ISMRM member*</i>)	Magnetic Resonance Imaging Physics for Radiation Therapy <input type="checkbox"/> \$580
Part III on-site /oral exam (full)	Medical Health Physics <input type="checkbox"/> \$660	Mag. Res. Imaging Physics <input type="checkbox"/> \$660	Magnetic Resonance Imaging Physics for Radiation Therapy <input type="checkbox"/> \$660
Part III Conditional Exam Retake	Medical Health Physics <input type="checkbox"/> \$330	Mag. Res. Imaging Physics <input type="checkbox"/> \$330	Magnetic Resonance Imaging Physics for Radiation Therapy <input type="checkbox"/> \$330

\$ = Total for Exam(s)

¹ Enclose a check or money order, payable in US funds, to **American Board of Medical Physics**.

² You may also pay through PayPal via the website, www.abmpexam.com, under the "Test Information" tab; exam fee amounts are slightly higher due to a service charge kept by PayPal.

³ All fees are generally non-refundable and non-transferable once an applicant has been accepted for an exam.

⁴ A late fee of \$150 may be required for applications not complete by the Due Date.

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. Furthermore, 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*****

Submit Online

- a) send saved form as PDF to abmpexam@gmail.com
- b) send payment by PayPal, at <http://www.abmpexam.com/>
- c) send supporting documents to abmpexam@gmail.com

Send Application and Payment by Mail to

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