  
**A. Exam Information** – Please indicate for which exam(s) you’d like to apply.

Applicants cannot take the Part II and Part III exam in the same year.

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| --- | --- | --- | --- |
|  | **ISMRM** **[SINGAPORE]** | **AAPM** **[LOS ANGELES]** | **FALL SESSION \*** |
| **Part I – General Medical Physics** | MAY 3, 2024(8AM-12PM) | JULY 20, 2024(8AM-12PM) | TBD |
| **Part I – Magnetic Resonance Science** | MAY 3, 2024(8AM-12PM) | JULY 20, 2024(8AM-12PM) | TBD |
| **Part II – Medical Health Physics** | MAY 3, 2024(8AM-12PM) | JULY 21, 2024(8AM-12PM) | TBD |
| **Part II – MRI Physics** | MAY 3, 2024(8AM-12PM) | JULY 21, 2024(8AM-12PM) | TBD |
| **Part II – MRI for Radiation Therapy** | MAY 3, 2024(8AM-12PM) | JULY 21, 2024(8AM-12PM) | TBD |
| **Part III – Medical Health Physics** Full Exam OR  Conditional Retake | NOTOFFERED | NOTOFFERED | TBD |
| **Part III – MRI Physics** Full Exam OR  Conditional Retake | MAY 3, 2024 **FULL** | JULY 20, 2024 JULY 21, 2024 | NOTOFFERED |
| **Part III – MRI for Radiation Therapy** Full Exam OR  Conditional Retake | NOTOFFERED | JULY 20 and/or JULY 21, 2024 | NOTOFFERED |

## **B. Applicant Information**

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| --- | --- | --- |
| Last Name / Surname | First Name | Middle Name or Initial |
| E-mail Address | Cell Phone Number | Gender |
| Mailing Address / City / State / Country | | |

## **Education and Training** (required with application to first exam)

I have requested that an official transcript be sent to the ABMP.

If my degree was earned outside the United States, I have requested that an official

translation (both language and degree equivalence) be sent to the ABMP.

If applying for the Medical Health Physics exam, I understand that I also have to submit

an *ABMP Attestation and Preceptorship Form* for the Part II application.

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| **Degree Awarded** | **Year Awarded** | **Institution / Location** | **Major Field of Study** |
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## **Work Experience** (required for Parts II and III)

I have met the minimum experience requirements specified on the website.

If applying as a research scientist, I have experience with human subjects.

Please list your work experience starting with your current position.

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| --- | --- | --- | --- | --- |
| Beginning / End Dates: | | Avg # hours / week | | Total # of months: |
| Institution | | | Address | |
| Supervisor(s) | Duties: | | | |

Prior Work Experience #1 (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beginning / End Dates: | | Avg # hours / week | | Total # of months: |
| Institution | | | Address | |
| Supervisor(s) | Duties: | | | |

## **Exam History**

Please list any previous certification exams that you have taken if you wish for that information to be a part of your file. If you are asking for a waiver for the Part I exam, you must include an official Part I PASS letter from the ABR, CCPM, or ABHP.

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| --- | --- | --- | --- | --- |
| Certifying Board | Specialty | Year Taken | Description of Exam (Pt I, II, etc.) | Outcome (Pass / Fail) |
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## **Endorsements / Professional References**

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

* Letters are requested by the applicant by sending the Fillable Form available on the website to an individual who will specify his/her knowledge of the applicant’s clinical experience and integrity.
* The forms should be emailed from the Endorser to the ABMP at [abmpexam@gmail.com](mailto:abmpexam@gmail.com)
* The Endorsers should be **Board-Certified** in their specialty. Endorsements are required from a Physician, and from a Physicist / Scientist – both must have knowledge of the applicant.

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| Date Requested | Name | Position | Institution | Relationship |
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1. **Agreement between Applicant and American Board of Medical Physics**

**By my signature below**,

* I recognize the ***American Board of Medical Physics, Inc*** (hereafter known as “the ABMP”) as the sole and only judge of my qualifications to sit for the examinations conducted by the ABMP.
* I agree to hold harmless, individually and collectively, the Directors, Appointed Examiners, and Executive Director 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.
* I acknowledge that if I become a Diplomate of the ABMP, I will adhere to the ABMP Policy on Professional Ethics.
* I affirm that the information on this form is accurate and true.
* I understand that the following actions are grounds for immediate disqualification from the ABMP exam process: *falsifying application information, cheating, and other actions as deemed unacceptable by the ABMP*.

|  |  |  |
| --- | --- | --- |
| Printed Name | Applicant Signature | Date |
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## **Application Fees** (please select the applicable exam(s) and pay the fees as directed)

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|  | **Medical Health Physics track** | **MRI Physics track** | **MRI for Radiation Therapy track** |
| **Part I**on-site / onlineexam | General Medical Physics $350 | MR Science $350MR Science $175(ISMRM member) | N/AMust show proof of certification inMRI Physics,R/T Physics, orDiag. Imaging Physics |
| **Part II**on-site / onlineexam | Medical HealthPhysics $610 | MRI Physics $610MRI Physics $305(ISMRM member) | MRI PhysicsforRadiation Therapy $610 |
| **Part III (full)**on-site / oralexam | Medical Health Physics $700 | MRI Physics $700 | MRI PhysicsforRadiation Therapy $700 |
| **Part III**ConditionalExam Retake | Medical Health Physics $350 | MRI Physics $350 | MRI PhysicsforRadiation Therapy $350 |

#### Payment can be made by bank check or through the website, on PayPal. PayPal adds and keeps a convenience fee.

#### **The fee will be paid by:** Bank Check PayPal