

**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.

	<b>ISMRRM</b> <b>[SINGAPORE]</b>	<b>AAPM</b> <b>[LOS ANGELES]</b>	<b>FALL</b> <b>SESSION *</b>
<b>Part I – General Medical Physics</b>	<input type="checkbox"/> MAY 3, 2024 (8AM-12PM)	<input type="checkbox"/> JULY 20, 2024 (8AM-12PM)	<input type="checkbox"/> TBD
<b>Part I – Magnetic Resonance Science</b>	<input type="checkbox"/> MAY 3, 2024 (8AM-12PM)	<input type="checkbox"/> JULY 20, 2024 (8AM-12PM)	<input type="checkbox"/> TBD
<b>Part II – Medical Health Physics</b>	<input type="checkbox"/> MAY 3, 2024 (8AM-12PM)	<input type="checkbox"/> JULY 21, 2024 (8AM-12PM)	<input type="checkbox"/> TBD
<b>Part II – MRI Physics</b>	<input type="checkbox"/> MAY 3, 2024 (8AM-12PM)	<input type="checkbox"/> JULY 21, 2024 (8AM-12PM)	<input type="checkbox"/> TBD
<b>Part II – MRI for Radiation Therapy</b>	<input type="checkbox"/> MAY 3, 2024 (8AM-12PM)	<input type="checkbox"/> JULY 21, 2024 (8AM-12PM)	<input type="checkbox"/> TBD
<b>Part III – Medical Health Physics</b> <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	NOT OFFERED	NOT OFFERED	<input type="checkbox"/> TBD
<b>Part III – MRI Physics</b> <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	MAY 3, 2024 <b>FULL</b>	<input type="checkbox"/> JULY 20, 2024 <input type="checkbox"/> JULY 21, 2024	NOT OFFERED
<b>Part III – MRI for Radiation Therapy</b> <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	NOT OFFERED	<input type="checkbox"/> JULY 20 and/or JULY 21, 2024	NOT OFFERED

**B. Applicant Information**

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

**C. 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.

<i>Degree Awarded</i>	<i>Year Awarded</i>	<i>Institution / Location</i>	<i>Major Field of Study</i>

**D. 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.

<i>Beginning / End Dates:</i>	<i>Avg # hours / week</i>	<i>Total # of months:</i>
<i>Institution</i>		<i>Address</i>
<i>Supervisor(s)</i>		<i>Duties:</i>

Prior Work Experience #1 (if applicable)

<i>Beginning / End Dates:</i>	<i>Avg # hours / week</i>	<i>Total # of months:</i>
<i>Institution</i>		<i>Address</i>
<i>Supervisor(s)</i>		<i>Duties:</i>

**E. 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.

<i>Certifying Board</i>	<i>Specialty</i>	<i>Year Taken</i>	<i>Description of Exam (Pt I, II, etc.)</i>	<i>Outcome (Pass / Fail)</i>

## F. 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.

<i>Date Requested</i>	<i>Name</i>	<i>Position</i>	<i>Institution</i>	<i>Relationship</i>

## G. 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.*

<i>Printed Name</i>	<i>Applicant Signature</i>	<i>Date</i>

**H. Application Fees** (please select the applicable exam(s) and pay the fees as directed)

	<b>Medical Health Physics track</b>	<b>MRI Physics track</b>	<b>MRI for Radiation Therapy track</b>
<b>Part I</b> on-site / online exam	General Medical Physics <input type="checkbox"/> \$350	MR Science <input type="checkbox"/> \$350  MR Science <input type="checkbox"/> \$175 (ISMRM member)	N/A  Must show proof of certification in MRI Physics, R/T Physics, or Diag. Imaging Physics
<b>Part II</b> on-site / online exam	Medical Health Physics <input type="checkbox"/> \$610	MRI Physics <input type="checkbox"/> \$610  MRI Physics <input type="checkbox"/> \$305 (ISMRM member)	MRI Physics for Radiation Therapy  <input type="checkbox"/> \$610
<b>Part III (full)</b> on-site / oral exam	Medical Health Physics <input type="checkbox"/> \$700	MRI Physics <input type="checkbox"/> \$700	MRI Physics for Radiation Therapy  <input type="checkbox"/> \$700
<b>Part III</b> Conditional Exam Retake	Medical Health Physics <input type="checkbox"/> \$350	MRI Physics <input type="checkbox"/> \$350	MRI Physics for Radiation Therapy  <input type="checkbox"/> \$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