



RECERTIFICATION FORM - 2024

If your ABMP certification expires on 12/31/2024, complete sections A, B, C, and D and return.

A. DIPLOMATE INFORMATION

Name		Year Certified	
E-mail address*		Certification Specialty	Rad Onc Physics
Work Address	(employer name)	Work Phone #	
	(street address)	Cell Phone #	
	(city / state / zip)		
Permanent Address	(street address)	Gender (optional)	Male
	(city / state / zip)		

*If you provide a work email address, please remember to contact the ABMP if you change employment.

1. Please list additional certifications (including specialty and year) here: _____

2. Do you prefer to receive correspondence at your work address, or permanent address?

B. RECERTIFICATION FEE

The following fees are currently in effect for recertification; please note that fees will increase on January 1, 2017.

Category	Submission Date	Recertification Fee	
		Bank Check*	PayPal
Recertification fee	(Aug 1, 2024 - Jan 31, 2025)	\$615	\$635
Recertification fee PLUS late fee	(Feb 1, 2025 - Mar 31, 2025)	\$750	\$775
Reinstatement of EXPIRED certification	on or after April 1, 2025**	\$875	\$900

*To pay by check or Bill-pay, please make payable to "American Board of Medical Physics"

**Or as directed by the Executive Director

To pay online, please go to our website, www.abmpexam.com, choose the Recertification tab, and follow the directions. An upcharge of approximately 3%, which is kept by PayPal, is included.

Please indicate whether you are paying by: bank check PayPal

c. CONTINUING EDUCATION CREDITS (Category 1 and Category 2)

You must have at least 125 credits, accumulated in the period from Jan 1, 2020 through Dec 31, 2024.

- At least 65 of the 125 credits must be **Category 1. Please attach or email a transcript from CAMPEP (or supporting documents from other organizations) with Category 1 credits listed for the last 5 years (acquired during the period Jan 1, 2020 through Dec 31, 2024)**
- No more than 60 of the 125 credits can be **Category 2.** Fill out the following table with your Category 2 credits, and *attach any supporting documentation.*

Date	CATEGORY 2 Activity	Hours / Credits
TOTAL CATEGORY2 CREDITS FOR PERIOD (1/1/20 - 12/31/24) =		

D. ATTESTATION OF CURRENT MEDICAL PHYSICS PRACTICE

Please give a brief statement describing your current medical physics activity, employment status, and efforts to ensure continued professional development (1500 character maximum).

ATTESTATION – FORM NOT ACCEPTED WITHOUT SIGNATURE BELOW

I, _____, certify that the information on this application is both accurate and truthful.	
Date:	Signature:

When complete, *save and send as PDF*, along with supporting documentation, to abmpexam@gmail.com

OR, *print and return by mail to:* Executive Director, ABMP
(certified mail recommended) P.O. Box 780518
San Antonio, TX 78278