



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.

	ISMRM [Honolulu, HI]	AAPM [Washington, DC]	FALL SESSION *
Part I – General Medical Physics	<input type="checkbox"/> MAY 10, 2025 (8AM-12PM)	<input type="checkbox"/> JULY 25, 2025 (8AM-12PM)	<input type="checkbox"/> TBD
Part I – Magnetic Resonance Science	<input type="checkbox"/> MAY 10, 2025 (8AM-12PM)	<input type="checkbox"/> JULY 25, 2025 (8AM-12PM)	<input type="checkbox"/> TBD
Part II – Medical Health Physics	<input type="checkbox"/> MAY 11, 2025 (8AM-12PM)	<input type="checkbox"/> JULY 26, 2025 (8AM-12PM)	<input type="checkbox"/> TBD
Part II – MRI Physics	<input type="checkbox"/> MAY 11, 2025 (8AM-12PM)	<input type="checkbox"/> JULY 26, 2025 (8AM-12PM)	<input type="checkbox"/> TBD
Part II – MRI for Radiation Therapy	<input type="checkbox"/> MAY 11, 2025 (8AM-12PM)	<input type="checkbox"/> JULY 26, 2025 (8AM-12PM)	<input type="checkbox"/> TBD
Part III – Medical Health Physics <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	NOT OFFERED	NOT OFFERED	<input type="checkbox"/> TBD
Part III – MRI Physics <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	<input type="checkbox"/> MAY 10, 2025 <input type="checkbox"/> MAY 11, 2025	<input type="checkbox"/> JULY 25, 2025 <input type="checkbox"/> JULY 26, 2025	NOT OFFERED
Part III – MRI for Radiation Therapy <input type="checkbox"/> Full Exam OR <input type="checkbox"/> Conditional Retake	NOT OFFERED	<input type="checkbox"/> JULY 25 and/or JULY 26, 2025	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 do not wish to answer)
<i>Mailing Address / City / State / Country</i>		

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>

C. 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), attach additional pages if necessary

<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>	

D. 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>

E. 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
- 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>
		Physician		
		Physicist		

F. 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>

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

	Medical Health Physics track	MRI Physics track	MRI for Radiation Therapy track
Part I on-site / online exam	General Medical Physics <input type="checkbox"/> \$380	MR Science <input type="checkbox"/> \$380 MR Science <input type="checkbox"/> \$180 (ISMRM member)	N/A Must show proof of certification in MRI Physics, R/T Physics, or Diag. Imaging Physics
Part II on-site / online exam	Medical Health Physics <input type="checkbox"/> \$670	MRI Physics <input type="checkbox"/> \$670 MRI Physics <input type="checkbox"/> \$470 (ISMRM member)	MRI Physics for Radiation Therapy <input type="checkbox"/> \$670
Part III (full) on-site / oral exam	Medical Health Physics <input type="checkbox"/> \$765	MRI Physics <input type="checkbox"/> \$765	MRI Physics for Radiation Therapy <input type="checkbox"/> \$765
Part III Conditional Exam Retake	Medical Health Physics <input type="checkbox"/> \$383	MRI Physics <input type="checkbox"/> \$383	MRI Physics for Radiation Therapy <input type="checkbox"/> \$383

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