

**Application for 2010 Oral Examinations: Part III**

For ABMP Headquarters Office use only:

Received: \_\_\_\_\_ ID #: \_\_\_\_\_  
Status: New [ ] Transfer In [ ] FEES OK? \_\_\_\_\_ Correspondence: H / W  
Re-Take [ ] Re-Take Condition [ ]

\*\*\*The **Medical Health Physics** oral examinations will be held on July 17-18 at the Pennsylvania Convention Center in conjunction with the AAPM meeting in Philadelphia PA.\*\*\*

Applications and reference letters for the MHP exam must be received no later than **MAY 1, 2010**.

\*\*\*The **Magnetic Resonance Imaging Physics** oral examinations will be held on July 17-18 at the Pennsylvania Convention Center in conjunction with the AAPM meeting in Philadelphia PA.\*\*\*

Applications and reference letters for the MRI Physics exam must be received no later than **MAY 1, 2010**.

*Please read ABMP Information Booklet* which can be viewed at the ABMP web site.

Mark the boxes of the examination(s) you wish to apply for now:

Please check one specialty box:	<ul style="list-style-type: none"><li>• Part III, Medical Health Physics (Philadelphia, July 17-18) [ ]</li><li>• Part III, MRI Physics (Philadelphia, July 17-18) [ ]</li></ul>	
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Have you taken the above marked ABMP Oral Examination Before? [ ] Yes [ ] No

If yes, then provide the date(s): \_\_\_\_\_

If yes, then is the application for: Full Exam [ ] Conditioned Exam [ ]

**Personal Data:** Do you wish to receive mail at your: HOME [ ] WORK [ ] address?

Last name and Suffix: \_\_\_\_\_

First name and M.I.: \_\_\_\_\_

Contact Phone # & Extension: \_\_\_\_\_

FAX number (optional): \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**The American Board of Medical Physics (ABMP), Inc.**

P.O. Box 487, Barker, TX, 77413; Phone: (281) 944-9482; FAX: 866-861-8280 (toll free)

**Professional References** (required for candidates taking the full examination for the first time):

*Important:* Letters of endorsement should be mailed directly from the references to the ABMP. The letters should clearly specify their knowledge of your clinical and/or human research professional experience. The references should be asked to send the letters **within two weeks** of mailing the application. The application shall be considered incomplete if these letters are not received by **JUNE 1, 2010** for Medical Health Physics and Magnetic Resonance Imaging in Philadelphia. If received later, the late fee will be assessed.

Certified Physician: \_\_\_\_\_ Certifying Board: \_\_\_\_\_

Address: \_\_\_\_\_

Certified Medical Physicist or MRI Scientist: \_\_\_\_\_ Certifying Board: \_\_\_\_\_

Address: \_\_\_\_\_

**FEES:** (check one)

Part III FULL / REPEAT [ ] (\$400.00)

Part III CONDITION [ ] (\$200.00)

LATE FEE [ ] (\$100.00)

**Total Enclosed:** \_\_\_\_\_

Enclose a Check or Money Order,  
payable in US Funds to:

**American Board of Medical Physics, Inc.**

The deadline for receipt of the application for the **Medical Health Physics** test is **MAY 1, 2010**. There will be a late fee of \$100 for applications received between **May 2, 2010** and **June 1, 2010**.

The deadline for receipt of the application for the **MRI Physics** is **MAY 1, 2010**. There will be a late fee of \$100 for applications received between **May 2, 2010** and **June 1, 2010**.

Applications received after June 1, 2010 WILL NOT BE ACCEPTED for the exams

Mail this form, supporting documentation and fees to:

**ABMP Exam, P.O. Box 487, Barker, TX, 77413**

**Agreement**

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, and 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 the failure of the ABMP to issue me a certificate.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date