

**Application for 2010 Written Examination: Parts I and II**

For ABMP Headquarters Office use only:

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

**\*\*MRI Physics and Medical Health Physics** examinations will be held before the **AAPM meeting** (July 17-18, 2010) at the Philadelphia Convention Center in Philadelphia, PA, USA\*\*

\*\* Part I Examinations will be administered on Saturday morning\*\*

\*\* Part II Examinations will be administered Sunday morning\*\*

Applications must be received no later than **MAY 1, 2010** for the exams.

Please read the **ABMP Information Booklet**, available on the ABMP web site.

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

Part I general exams:	General MRI Science	[ ]	Philadelphia, July 17, 2010
	General Medical Physics	[ ]	Philadelphia, July 17, 2010
Part II specialties:	MRI Physics	[ ]	Philadelphia, July 18, 2010
	Medical Health Physics	[ ]	Philadelphia, July 18, 2010

**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 \_\_\_\_\_

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Present Work Location:

Employer: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_

Date Employment Began at this Location: \_\_\_\_\_

**Provide the following information.**

Education: Highest Degree (check one) [Major Field, Institution and Year Awarded]

M.S. [ ] Major: \_\_\_\_\_ Year: \_\_\_\_\_

Institution: \_\_\_\_\_

Doctoral [ ] Major: \_\_\_\_\_ Year: \_\_\_\_\_

Type: \_\_\_\_\_ Institution: \_\_\_\_\_

***Important: Order an official transcript of your degree(s) to be sent to ABMP from your University***  
*(Please refer to the Information Booklet under "Eligibility Requirements" for the appropriate degrees required)*

**Employment History: (This applies to Part II Candidates)**

Years of Work Experience in Clinical Medical Physics and/or MRI Science (post-degree) \_\_\_\_\_

Primary Workplace: (check one)

University Hospital \_\_\_\_\_ Community Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Human Research Lab \_\_\_\_\_

Other: \_\_\_\_\_

Employment History:

(A) Past Employer: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

(B) Past Employer: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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Professional References (required for candidates taking Part II for the first time - not for candidates previously accepted for Part II):

**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)

*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 should be considered incomplete if these letters are not received by **JUNE 1, 2010**. If received later, the late fee will be assessed.

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

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

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

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

\*\* Indicate any of the following organizations that you currently are a full member of:

\_\_\_\_\_ AAPM    \_\_\_\_\_ HPS    \_\_\_\_\_ AAHP    \_\_\_\_\_ ISMRM    \_\_\_\_\_ CCPM    \_\_\_\_\_ ACMP

**FEES:** *(check one)*

Part I NEW / REPEAT [ ] (\$100.00)    Part II NEW / REPEAT [ ] (\$400.00)  
LATE FEE [ ] (\$100.00)    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 an application is **MAY 1, 2010** for the July 2010 exam dates.

There will be a late fee of \$100 for applications received for the **Pennsylvania exams** between **5/2/10-6/1/10**.

Fees are non-refundable and non-transferable after notification of acceptance has been mailed.

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