

Application for 2012 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 June 2, 2012 at the Baltimore-Washington Airport Hilton Hotel

Applications for the MHP exam must be received no later than **APRIL 1, 2012**.

The **Magnetic Resonance Imaging Physics** oral examinations will be held on July 29 in conjunction with the AAPM Annual meeting in Charlotte, North Carolina

Applications for the MRI Physics exam must be received no later than **JUNE 1, 2012**.

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">• Part III, Medical Health Physics (Baltimore, June 2) []• Part III, MRI Physics (Charlotte, July 29) []	
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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)

Current 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)

Clinical Medical Physics Experience and/or MRI Science on Human Subjects.

Years of clinical medical physics or human research experience (post-degree): _____

Employment History:

(A) Past Employer: _____

Address: _____

Job Title: _____

Dates of Employment: _____

(B) Past Employer: _____

Address: _____

Job Title: _____

Dates of Employment: _____

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

____ AAPM ____ HPS ____ AAHP ____ ISMRM ____ CCPM ____ ACMP

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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 **APRIL 1, 2012** for Medical Health Physics and **JUNE 1, 2012** Magnetic Resonance. 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 **APRIL 1, 2012**.

The deadline for receipt of the application for the *MRI Physics* is **JUNE 1, 2012**.

Applications received after April 1 (MHP) and June 1 (MRI), 2012

WILL NOT BE ACCEPTED for the exams

Incomplete applications not completed by the deadline will incur a \$100 late fee.

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