

Application for 2012 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 annual meeting (**July 28-29, 2012**) in **Charlotte, North Carolina**,
and before the **HPS** annual meeting (**July 21-22, 2012**) in **Sacramento, California****

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, 2012** for all written 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	[<input type="checkbox"/>]	Charlotte, July 28, 2012
CHARLOTTE	General Medical Physics	[<input type="checkbox"/>]	Charlotte, July 28, 2012
Part I general exams:	General MRI Science	[<input type="checkbox"/>]	Sacramento, July 21, 2012
SACRAMENTO	General Medical Physics	[<input type="checkbox"/>]	Sacramento, July 21, 2012
Part II specialties:	MRI Physics	[<input type="checkbox"/>]	Charlotte, July 29, 2012
CHARLOTTE	Medical Health Physics	[<input type="checkbox"/>]	Charlotte, July 29, 2012
Part II specialties:	MRI Physics	[<input type="checkbox"/>]	Sacramento, July 22, 2012
SACRAMENTO	Medical Health Physics	[<input type="checkbox"/>]	Sacramento, July 22, 2012

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)

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: _____

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(B) Past Employer: _____
Address: _____

Job Title: _____
Dates of Employment: _____

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

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 **MAY 1, 2012**. 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, 2012** for all written 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.

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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