APPLICATION for ABSNM Certification

A. Choose (one) Specialty examination you plan to take:

__ A. Nuclear Medicine Physics and Instrumentation
__ B. Radiopharmaceutical Science
__ C. Radiation Protection
__ D. Molecular Imaging Science

B. Your Personal Information

Last Name First Name Middle Initial

Date of Birth Mo/ Day/ Year Citizen of

Home Address Telephone #

City State Zip

Business Address Telephone #

City State Zip

E-Mail Address

Send Mail to (circle one): Home Address Business Address

C. Academic Preparation:

Institution Major Minor Years Attended Degree Year

Institution Major Minor Years Attended Degree Year

Institution Major Minor Years Attended Degree Year

Institution Major Minor Years Attended Degree Year

D. Supervised professional training/experience in the Specialty of your choice: In the space provided below, describe in your own words your major responsibilities and time spent in Specialty activities. The minimum total qualifying experience must meet the requirements stated in "Requirements for ABSNM Certification" (Requirements) Qualifying experience must be devoted to Specialty activities as specified in the Requirements. The Supervisor of the Training and/or Experience must have the qualifications as listed in the Requirements for the particular Specialty area.

D.1. Nuclear Medicine Physics and Instrumentation Specialty

Note: The effort devoted to NMPI may overlap with the effort in Medical Physics. For example, suppose you had a position for 3 years, where 100% of the effort was in Medical Physics and 20% of that effort was in Nuclear Medicine Physics and Instrumentation. Your % effort on line (A) would be 100% and the Qualifying Medical Physics Experience would be 3 years (3 years x 100%). Your % effort on line (B) would be 20% and the Qualifying Nuclear Medicine Physics and Instrumentation Experience would be 0.6 years (3 years x 20%). If the effort in Medical Physics is only in areas other than NMPI, then 0% should be entered on line B.

Begin with **present position** and work back.

1.

Employer:	Address:
Exact Title of Position:	Name and Title of Supervisor:
Dates of Experience from: to:	Duration of Post-Graduate Experience (in years):
(A) Percentage Effort Devoted to Medical Physics:	Qualifying Medical Physics Experience: (= Duration × % Effort)
(B) Percentage Effort Devoted to Nuclear Medicine Physics and Instrumentation	Qualifying Nuclear Medicine Physics and Instrumentation Experience: (= Duration × % Effort)

Description of Work:

2.

Employer:

Address:

Exact Title of Position:

Name and Title of Supervisor:

Dates of Experience from: to:

Duration of Post-Graduate Experience (in years):

(A) Percentage Effort Devoted to Medical Physics:

Qualifying Medical Physics Experience:
(= Duration × % Effort)

(B) Percentage Effort Devoted to Nuclear Medicine Physics and Instrumentation

Qualifying Nuclear Medicine Physics and Instrumentation Experience: (= Duration × % Effort)

Description of Work:

3.

Employer:

Address:

Exact Title of Position:

Name and Title of Supervisor:

Dates of Experience from: to:

Duration of Post-Graduate Experience (in years):

(A) Percentage Effort Devoted to Medical Physics:

Qualifying Medical Physics Experience:
(= Duration × % Effort)

(B) Percentage Effort Devoted to Nuclear Medicine Physics and Instrumentation

Qualifying Nuclear Medicine Physics and Instrumentation Experience: (= Duration × % Effort)

Description of Work:

4.

Employer:

Address:

Exact Title of Position:

Name and Title of Supervisor:

Dates of Experience from: to:

Duration of Post-Graduate Experience (in years):

(A) Percentage Effort Devoted to Medical Physics:

Qualifying Medical Physics Experience:
(= Duration × % Effort)

(B) Percentage Effort Devoted to Nuclear Medicine Physics and Instrumentation

Qualifying Nuclear Medicine Physics and Instrumentation Experience: (= Duration × % Effort)

Description of Work:

D.2. Radiopharmaceutical Science, Radiation Protection and Molecular Imaging Science Specialties

Begin with **present position** and work back.

1.

Employer: _____ Address: _____

Exact Title of Position: _____ Name and Title of Supervisor: _____

Dates of Experience from: _____ to: _____ Duration of Post-Graduate Experience (in years): _____

Percentage Effort Devoted to Specialty: _____ Qualifying Experience: (= Duration × % Effort) _____

Description of Work: _____

2.

Employer: _____ Address: _____

Exact Title of Position: _____ Name and Title of Supervisor: _____

Dates of Experience from: _____ to: _____ Duration of Post-Graduate Experience (in years): _____

Percentage Effort Devoted to Specialty: _____ Qualifying Experience: (= Duration × % Effort) _____

Description of Work: _____

3.

Employer: Address:

Exact Title of Position: Name and Title of Supervisor:

Dates of Experience from: to: Duration of Post-Graduate Experience (in years):

Percentage Effort Devoted to Specialty: Qualifying Experience: (= Duration × % Effort)

Description of Work:

4.

Employer: Address:

Exact Title of Position: Name and Title of Supervisor:

Dates of Experience from: to: Duration of Post-Graduate Experience (in years):

Percentage Effort Devoted to Specialty: Qualifying Experience: (= Duration × % Effort)

Description of Work:

E. Curriculum Vitae: Include your up-to-date CV summarizing the following items:

- Academic degrees and training
- Work experience
- Honors and awards
- Professional and honorary societies
- External activities (committees and offices)
- Journal publication, chapters, and books

F. Professional References: List the names, addresses, e-mails and telephone/fax numbers of supervisors from Section **D**, who meet the supervisor qualifications for the particular specialty per "Requirements for ABSNM Certification" and who will be submitting a Letter of Reference / Attestation of Experience and Competency form. The form should be sent directly to ABSNM. The ABSNM only accepts letters of reference / attestations using the required form.

Name	Address	E-mail	Telephone/Fax No.

G. Checklist

___An official transcript(s) of your Master's or Doctorate degree in a major field, appropriate for the Specialty of your choice (See Requirements for ABSNM Certification) (Foreign graduates contact ABSNM office — ABSNM Administrator)

___Documentation of your training in Specialty of your choice. A list of graduate or professional education courses, including dates and location.

___Letter of Reference / Attestation of Experience and Competency form completed by professional person(s) under whose supervision you worked and who attest to your work experience and competency in the Specialty you have chosen including the length of time (see details in Requirements for ABSNM Certification and on ABSNM website). **Ask these references to submit the form directly to ABSNM.**

___Curriculum vitae.

___Recent photograph for purposes of identification at the time of examination.

___ Payment made online (additional fees apply) or check in the amount of $900 for first-time applicants, $600 for re-takes on General or Specialty exams, payable to the American Board of Science in Nuclear Medicine. Applicants not meeting the admission requirements will be refunded the application fee less an administrative fee of $100.

___Send completed application to address listed at bottom of the application.

H. Acknowledgement

I certify that the statements above (including any attachments submitted hereto) are to the best of my knowledge accurate. I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of a certification already made.

_____

Your Signature Date

_____

State and County of

SEAL

Before me, a Notary Public in and for said County and State, on this_____day of_____, 20 ____, personally **SEAL** appeared _____to me known to be the identical person who signed this application.

Witness my hand and official seal this date.

_____

Notary Public

_____

My commission expires

_____

Signature (in ink)

Please send application and required documentation to:

ABSNM
c/o Greg Beavers, PhD
6019 Old Valley School Rd.
Kernersville, NC 27284

Phone: (336) 508-5148

Email: absnm.mgr@gmail.com