



**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.” Qualifying experience must be devoted to Specialty activities, must be acquired after earning one’s relevant masters or doctorate degree, and must be performed under supervision of certified physicist or authorized user physician (as defined in in 10CFR35.290 and 10CFR35.390. 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 qualify as references per “Requirements for ABSNM Certification” and who will be submitting attestation of experience forms attesting to your competence and experience directly to ABSNM. Please note that we no longer accept letters.

Name	Address	E-mail	Telephone/Fax No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**G. Checklist**

- \_\_\_ An official transcript(s) of your Masters 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.
- \_\_\_ Attestation of experience form completed by professional person(s) under whose supervision you worked and who attest to your competency and work experience in the Specialty you have chosen including the length of time (2 to 3 years depending on the choice of specialty – see details in Requirements for ABSNM Certification and on ABSNM website). **Ask these references to submit form directly to ABSNM.**
- \_\_\_ Curriculum vitae.
- \_\_\_ Recent photograph for purposes of identification at the time of examination.
- \_\_\_ Check in the amount of \$750 for first-time applicants, \$550 for re-takes on General or Specialty exams, payable to the American Board of Science in Nuclear Medicine. Applicants deemed not to have met 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  
1037 N Main Street  
Kernersville, NC 27284

Phone: (336) 508-5148

[Email: absnm.mgr@gmail.com](mailto:absnm.mgr@gmail.com)