



Attestation of Experience

Name of Applicant: _____
Prefix First Middle Last Suffix

Date of Application: _____ Specialty Exam: _____

Supervisor's Qualifications:

ABSNM Diplomate Date of certification: _____

ABR Diplomate in Nuclear Medical Physics,
Medical Nuclear Physics, or Radiological Physics Date of certification: _____

Physician Authorized User of radiopharmaceuticals
as defined in 10CFR35.290 and 10CFR35.390. Qualifying Date: _____
Listed on Radioactive Materials License # _____, issued in the State of _____.

Professional Supervision:

Institution or Company employing applicant: _____

Start date of certified post-graduate supervision: _____

(Note: Start date must not be before date of applicant's qualifying masters or doctorate degree or date of supervisor's certification or qualification as authorized user.)

End date of supervision: _____ (enter "current" if ongoing)

Describe your role in supervising the applicant:

Describe the applicant's work responsibilities relevant to the above Specialty.

Percentage of applicant's professional effort devoted
to the above Nuclear Medicine Specialty: _____ %

If percentage effort in Nuclear Medicine Specialty is less than 100%, describe the candidate's other work responsibilities:

Attestation:

I, (print name) _____, do hereby attest that the above applicant was supervised by me in the Nuclear Medicine Specialty for the period described above and that the applicant's work experience was devoted to this Nuclear Medicine Specialty according to the percentage effort listed above. My responses on this Attestation of Experience Form accurately reflect my qualifications and my professional supervision of the applicant in this Nuclear Medicine Specialty.

Signature: _____

Date: _____

Please mail the signed form to: **ABSNM**
1037 N Main Street
Kernersville, NC 27284