Application for 2011 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 ISMRM annual meeting (May 7-8, 2011) in Montreal, Canada, and before the AAPM annual meeting (July 30-31, 2011) in Vancouver, British Columbia**

**Part I Examinations will be administered on Saturday morning**

** Part II Examinations will be administered Sunday morning**

Applications must be received no later than March 1, 2011 for the Montreal exams.

Applications must be received no later than May 1, 2011 for the Vancouver 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:

<table>
<thead>
<tr>
<th>Part I general exams:</th>
<th>General MRI Science</th>
<th>[ ] Montreal, May 7, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTREAL</td>
<td>General Medical Physics</td>
<td>[ ] Montreal, May 7, 2011</td>
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<tr>
<td>Part I general exams:</td>
<td>General MRI Science</td>
<td>[ ] Vancouver, July 30, 2011</td>
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<tr>
<td>VANCOUVER</td>
<td>General Medical Physics</td>
<td>[ ] Vancouver, July 30, 2011</td>
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<tr>
<td>Part II specialties:</td>
<td>MRI Physics</td>
<td>[ ] Montreal, May 8, 2011</td>
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<tr>
<td>MONTREAL</td>
<td>Medical Health Physics</td>
<td>[ ] Montreal, May 8, 2011</td>
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<td>Part II specialties:</td>
<td>MRI Physics</td>
<td>[ ] Vancouver, July 31, 2011</td>
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<tr>
<td>VANCOUVER</td>
<td>Medical Health Physics</td>
<td>[ ] Vancouver, July 31, 2011</td>
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**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 _____________
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: ____________________________________________
(B) Past Employer:

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Job Title:

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<th>Dates of Employment:</th>
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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 **MARCH 1, 2011**. If received later, the late fee will be assessed.

Certified Physician: _____________________  Certifying Board: _________________

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Certified Medical Physicist or MRI Scientist: _____________________  Certifying Board: _________________

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

- _____ AAPM
- _____ HPS
- _____ AAHP
- _____ ISMRM
- _____ CCPM
- _____ ACMP

**FEES:** (check one)

<table>
<thead>
<tr>
<th>Part I</th>
<th>NEW / REPEAT [ ] ($100.00)</th>
<th>Part II</th>
<th>NEW / REPEAT [ ] ($400.00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATE FEE</td>
<td>[ ] ($100.00)</td>
<td>LATE FEE</td>
<td>[ ] ($100.00)</td>
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*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 **MARCH 1, 2011** for the May 2011 exams, and

**MAY 1, 2011** for the JULY 2011 exams.

There will be a late fee of $100 for application received after the due date.

Fees are non-refundable and non-transferable after notification of acceptance has been mailed.
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