

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:

Part I general exams:	General MRI Science	[] Montreal, May 7, 2011
MONTREAL	General Medical Physics	[] Montreal, May 7, 2011
Part I general exams:	General MRI Science	[] Vancouver, July 30, 2011
VANCOUVER	General Medical Physics	[] Vancouver, July 30, 2011
Part II specialties:	MRI Physics	[] Montreal, May 8, 2011
MONTREAL	Medical Health Physics	[] Montreal, May 8, 2011
Part II specialties:	MRI Physics	[] Vancouver, July 31, 2011
VANCOUVER	Medical Health Physics	[] Vancouver, July 31, 2011

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 **MARCH 1, 2011**. 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 **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.

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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