

AMERICAN BOARD OF HEALTH PHYSICS

1313 Dolley Madison Boulevard, Suite 402
McLean, Virginia 22101

Application for Certification

Instructions: Fill out this application packet in its entirety and submit **in duplicate**. This form may be photocopied. Please type or complete legibly using black ink only. Refer to the INSTRUCTIONS TO APPLICANTS.

Note: Do not use "see attached" in lieu of filling out required forms . Failure to properly complete required forms will delay the processing of your application and may result in its rejection.

Initial Application Reapplication Date: _____

Part I Part II

1. **Name** _____ 2. **Birth Date** _____
(last) (first) (middle) (previous last)*

3. **Home Address** _____

4. **Business Address** _____

5. **Home Telephone** _____ 6. **Business Telephone** _____

Preferred mailing address: Home Business 7. **e-mail** _____

8. **College/University Education** - Transcripts are required for each degree claimed. See the ABHP Prospectus for acceptable degrees.

Institution	Major	Minor	Years of Attendance	Degree	Year

9. **Additional education and training related to health physics** (Please do not list courses of less than two weeks duration.)

Institution	Course Title	Course Length	Dates

10. **Certification refresher course(s) taken: (Optional)**

Sponsor	Dates

* Please advise us if your legal name has changed since entering a College or University, or since your first contact with the Board.

11. **Professional Experience.** Start with your **MOST RECENT PREVIOUS POSITION**. Your present position will be included in the Supervisor Reference form. Do not use official position descriptions. Do not use attachments unless you have completely filled the block.

Previous Position: # _____ (Please number. Previous position 1 should be most recent.)

Dates of Employment: From: _____ To: _____ Years worked: _____ % time in professional HP capacity: _____	Name and Address of Employer:
Exact Title of Position:	
Description of work. Include major responsibilities and areas of specialization:	

Previous Position # _____:

Dates of Employment: From: _____ To: _____ Years worked: _____ % time in professional HP capacity: _____	Name and Address of Employer:
Exact Title of Position:	
Description of work. Include major responsibilities and areas of specialization:	

If necessary, this page may be copied and used to describe additional employment.

Previous Position # _____:

Dates of Employment: From: _____ To: _____ Years worked: _____ % time in professional HP capacity: _____	Name and Address of Employer:
Exact Title of Position:	
Description of work. Include major responsibilities and areas of specialization:	

Professional Experience Summary

Position	Years Worked (a)	% Time in Professional HP Capacity (b)	Equivalent Experience (a ' b)
Present Position			
Previous Position 1			
Previous Position 2			
Previous Position 3			
Previous Position 4			
Previous Position 5			
Experience credit for advanced degree related to HP <input type="checkbox"/> Masters = 1 <input type="checkbox"/> Doctorate = 2			
Total			

12. Membership in Scientific and Professional Societies (Optional)

Name of Organization	Year Joined	Type of Membership**	Office(s) Held

**Type of membership - Fellow, Plenary Member, Full Member, Associate Member, Student Member, etc.

Immediate Supervisor	
Professional Reference 1	
Professional Reference 2	

Agreement

1. I, the undersigned applicant, recognize the American Board of Health Physics (“the Board”) as the sole and only judge of my qualifications to receive and retain a certificate issued by the Board and I further agree to release and hold harmless individually and collectively the Board, the American Academy of Health Physics (“the Academy”) and its Executive Committee, and the appointed examiners of the Board for any decision or action pursuant of their duties in connection with this application, the examination, the grade or grades given with respect to any examination or for the failure of the Board to issue me a certificate.

2. I, the undersigned applicant, accept that eligibility for the written examination is determined by the Board and that the certifying examination will be supervised by proctors who are responsible to the Board and empowered by the Board to ensure that the examination is conducted ethically and in accordance with the policy of the Board. I understand that I am not permitted to bring into the examination any notes, textbooks, or other reference material and no scratch paper. I may only use a calculator that has been approved for use by the Board. I further understand that irregular behavior such as copying answers, sharing information, using notes, or otherwise giving or obtaining unauthorized information or aid, as evidenced by observation, statistical analysis of answer sheets, or otherwise on any portion of the examination will be reported to the Board and will constitute grounds for the invalidation of my examination and may lead to my being judged ineligible for certification by the Board. I recognize that examination questions and materials are the sole property of the Board and must not be removed from the test area or transcribed or reproduced unless specifically authorized by the Board.

3. If I am certified, I understand that I must fulfill the Professional Responsibilities of a Certified Health Physicist and meet the requirements for continuing certification established by the Board and the Academy.

4. I certify that the statements contained in this application including any attachments or supporting information submitted hereto are, to the best of my knowledge, accurate and I understand that any falsification or misrepresentation of information in this application will be cause for rejection of the application or withdrawal of a certification already made.

Signature: _____ Date: _____