

AMERICAN BOARD OF HEALTH PHYSICS
1313 DOLLEY MADISON BOULEVARD, SUITE 402
McLEAN, VA 22101

RADIATION PROTECTION REPORT COVER SHEET

Please complete this form and attach it to the report submitted with the Application for Certification.

Applicant's Name:

Author: (Check all applicable, but at least one.)

- Report authored solely by the applicant.
- Applicant originated the first draft.
- Applicant solely responsible for major sections. (Mark those sections on the Report.)
- Applicant primarily responsible for the research and development behind the report and shared the writing effort.
- Describe manner in which this report reflects a "professional effort" by the applicant.

Subject Area of Report:

- Facility/Process Evaluation
- Protective Guidance Document
- Dose Assessment
- Retrospective/Prospective Radiation Protection Evaluations (e.g., accident evaluation, emergency planning)
- Other area in which ABHP tests and certifies expertise (specify):

Professional Element:

- Judgement (describe):

- Non-regulatory guidance used (describe):

Signature of all authors (original signature in ink):