

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**. Use <tab> to advance to next field, <shift><tab> to go back to previous field. Navigational device (e.g., mouse) may also be used to select fields. 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
 Part I Part II

Date:
mm/dd/yyyy

1. Name
(last) (first) (middle) (previous last)*

2. Birth Date
mm/dd/yyyy

3. Addresses

Home	Business
<input type="text"/> address1	<input type="text"/> address1
<input type="text"/> address2	<input type="text"/> address2
<input type="text"/> <input type="text"/> <input type="text"/> city state postal code	<input type="text"/> <input type="text"/> <input type="text"/> city state postal code
<input type="text"/> country	<input type="text"/> country
<input type="text"/> phone	<input type="text"/> phone

Preferred mailing address: Home Business

4. E-mail

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

Institution	Major	Years of Attendance	Degree	Year Degree Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6. Professional Experience.

It is incumbent upon the applicant to demonstrate that he or she has met the criteria for professional experience as stated the Prospectus. Professional experience is generally considered to be acquired after earning a qualifying degree. However, the Board recognizes there may be cases where individuals are working at a professional level prior to completing the requirements for a qualifying degree.

- Start with your **most recent previous position**. Include your present position in the Immediate Supervisor Form, **not** on this form.
- Do **not** use official position descriptions.
- Do **not** use attachments unless you have completely filled the block.

Most Recent Previous (not current) Position

Dates of Employment: From: <input type="text"/> mm / yyyy	To: <input type="text"/> mm / yyyy	Employer	<input type="text"/>
No. of Years worked	<input type="text"/>	Address 1	<input type="text"/>
% work in professional HP capacity:	<input type="text"/> %	Address 2	<input type="text"/>
% full time work (e.g. 20 h/week = 50%):	<input type="text"/> %	City	<input type="text"/>
		State	<input type="text"/>
		Country	<input type="text"/>

Exact Title of Position:

Description of work. If military, include grade/rank. Include major responsibilities and areas of specialization:

Previous position #6

<p>Dates of Employment:</p> <p>From: <input style="width: 100px;" type="text"/> To <input style="width: 100px;" type="text"/> <small>mm / yyyy mm / yyyy</small></p> <p>No. of Years worked <input style="width: 100px;" type="text"/></p> <p>% work in professional HP capacity: <input style="width: 50px;" type="text"/> %</p> <p>% full time work (e.g. 20 h/week = 50%): <input style="width: 50px;" type="text"/> %</p>	<p>Employer <input style="width: 100%; height: 20px;" type="text"/></p> <p>Address 1 <input style="width: 100%; height: 20px;" type="text"/></p> <p>Address 2 <input style="width: 100%; height: 20px;" type="text"/></p> <p>City <input style="width: 60%; height: 20px;" type="text"/> State <input style="width: 20%; height: 20px;" type="text"/></p> <p>Country <input style="width: 100%; height: 20px;" type="text"/></p>
<p>Exact Title of Position: <input style="width: 90%; height: 20px;" type="text"/></p>	
<p>Description of work. If military, include grade/rank. Include major responsibilities and areas of specialization:</p>	

Professional Experience Summary

Position	Years Worked (a)	% Work in Professional HP Capacity (b)	% Full Time Work (c)	Equivalent Experience (a × b × c)
Present Position				
Previous Position 1				
Previous Position 2				
Previous Position 3				
Previous Position 4				
Previous Position 5				
Previous Position 6				
Experience credit for advanced degree related to HP <input type="checkbox"/> Masters = 1 <input type="checkbox"/> Doctorate = 2				
Total				

7. Professional References. Include the name, address, and telephone number of at least two persons in addition to your immediate supervisor who have been asked to submit Professional Reference Forms (NOTE: One must be from a CHP).

	Name	Address	Phone No. / e-mail address
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: _____