

# AMERICAN BOARD OF HEALTH PHYSICS

1313 Dolley Madison Boulevard, Suite 402

McLean, Virginia 22101

## Confidential Professional Reference Form

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

**Note:** Please do not use "see attached" in lieu of filling out required forms. Failure to properly complete required forms will delay the processing of the candidate's application and may result in its rejection.

**Applicant's Name:** \_\_\_\_\_

1. How many years have you known the applicant? \_\_\_\_\_

2. What has been the nature of your association? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you able to evaluate the applicant's professional health physics capabilities?

Yes

No

4. Describe briefly your impression of the work of the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is the work professional in scope?

Yes

No

6. What are the applicant's major professional strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does the applicant have any limitations that might influence his or her capacity to practice health physics at a responsible professional level?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

8. What is your estimation of the applicant's:

a. Honesty ? \_\_\_\_\_  
\_\_\_\_\_

b. Professional ethics ? \_\_\_\_\_  
\_\_\_\_\_

9. Do you recommend the applicant for certification?

Yes       No (If "No", please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

ABHP Certified?       Yes       No

Have you reviewed the applicant's completed application?       Yes       No

Return in duplicate by January 15 to:      American Board of Health Physics  
1313 Dolley Madison Boulevard  
Suite 402  
McLean, VA 22101

### SUMMARY OF EXPERIENCE REQUIREMENTS FOR CERTIFICATION

An applicant for certification must have at least six (6) years of responsible professional-level experience in health physics as of July 1 of the year in which the examination is to be taken. At least three (3) of the years of experience must have been in applied health physics. The six (6) years of professional experience, which must be documented by an applicant for Part II of the examination, must be experience which demonstrates that the applicant has been required to exercise professional-level judgment in one or more of the following areas:

- establishment and/or evaluation of a radiation protection program;
- design and/or evaluation of the design of the radiation protection aspects of a facility;
- design and implementation of a radiation protection training course or program;
- development of an experimental and/or measurement program designed to answer radiation protection-related questions;
- evaluation of measurement data;
- analysis and solution of radiation protection problems;
- preparation, interpretation, and implementation of recommendations and regulations

A master of science degree in health physics or a closely related area may, at the discretion of the Board, be substituted for one year of professional experience; a Ph.D. may be substituted for two years. In no case will technician-level experience be accepted as meeting the experience requirements. Please refer to the ABHP Prospectus for a complete listing of requirements for certification.