

**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:

Authorship: (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.
- Obtained necessary clearances for report submittal.
- Other:

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:

- Describe manner in which this report reflects a "professional effort" by the applicant.
- Judgment (describe):
- Non-regulatory guidance used (describe):

Signature of all authors (original signature in ink):

- 1. _____ 2. _____
- 3. _____ 4. _____