APPLICATION for ABSNM Certification

A. Choose (one) Specialty examination you plan to take:

___ A. Nuclear Medicine Physics and Instrumentation
___ B. Radiopharmaceutical Science
___ C. Radiation Protection
___ D. Molecular Imaging Science

B. Your Personal Information

Last Name  First Name  Middle Initial

Date of Birth  Mo/ Day/ Year  Citizen of

Home Address  Telephone #

City  State  Zip

Business Address  Telephone #

City  State  Zip

E-Mail Address

Send Mail to (circle one):  Home Address  Business Address

C. Academic Preparation:

Institution  Major  Minor  Years Attended  Degree Year

Institution  Major  Minor  Years Attended  Degree Year

Institution  Major  Minor  Years Attended  Degree Year

Institution  Major  Minor  Years Attended  Degree Year
D. Supervised professional training/experience in the Specialty of your choice: In the space provided below, describe in your own words your major responsibilities and time spent in Specialty activities. The minimum total qualifying experience must meet the requirements stated in “Requirements for ABSNM Certification.” Qualifying experience must be devoted to Specialty activities, must be acquired after earning one’s relevant masters or doctorate degree, and must be performed under supervision of certified physicist or authorized user physician (as defined in in 10CFR35.290 and 10CFR35.390. Begin with present position and work back.

1. 

Employer: ___________________________ Address: ___________________________

Exact Title of Position: ___________________________ Name and Title of Supervisor: ___________________________

Dates of Experience from: ___________ to: ___________ Duration of Post-Graduate Experience (in years): ___________________________

Percentage Effort Devoted to Specialty: ___________________________ Qualifying Experience: (= Duration × % Effort) ___________________________

Description of Work: ___________________________

_________________________________________________________________________

_________________________________________________________________________

2. 

Employer: ___________________________ Address: ___________________________

Exact Title of Position: ___________________________ Name and Title of Supervisor: ___________________________

Dates of Experience from: ___________ to: ___________ Duration of Post-Graduate Experience (in years): ___________________________

Percentage Effort Devoted to Specialty: ___________________________ Qualifying Experience: (= Duration × % Effort) ___________________________

Description of Work: ___________________________

_________________________________________________________________________

_________________________________________________________________________
3.

Employer: ________________________________

Address: ________________________________

Exact Title of Position: ____________________

Name and Title of Supervisor: ________________

Dates of Experience from: __________ to: ______

Duration of Post-Graduate Experience (in years): __________

Percentage Effort Devoted to Specialty: __________

Qualifying Experience: (= Duration × % Effort)

Description of Work:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4.

Employer: ________________________________

Address: ________________________________

Exact Title of Position: ____________________

Name and Title of Supervisor: ________________

Dates of Experience from: __________ to: ______

Duration of Post-Graduate Experience (in years): __________

Percentage Effort Devoted to Specialty: __________

Qualifying Experience: (= Duration × % Effort)

Description of Work:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
E. Curriculum Vitae: Include your up-to-date CV summarizing the following items:

- Academic degrees and training
- Work experience
- Honors and awards
- Professional and honorary societies
- External activities (committees and offices)
- Journal publication, chapters, and books

F. Professional References: List the names, addresses, e-mails and telephone/fax numbers of supervisors from Section D, who qualify as references per “Requirements for ABSNM Certification” and who will be submitting attestation of experience forms attesting to your competence and experience directly to ABSNM. Please note that we no longer accept letters.

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G. Checklist

- An official transcript(s) of your Masters or Doctorate degree in a major field, appropriate for the Specialty of your choice (See Requirements for ABSNM Certification) (Foreign graduates contact ABSNM office — ABSNM Administrator)
- Documentation of your training in Specialty of your choice. A list of graduate or professional education courses, including dates and location.
- Attestation of experience form completed by professional person(s) under whose supervision you worked and who attest to your competency and work experience in the Specialty you have chosen including the length of time (2 to 3 years depending on the choice of specialty – see details in Requirements for ABSNM Certification and on ABSNM website). **Ask these references to submit form directly to ABSNM.**
- Curriculum vitae.
- Recent photograph for purposes of identification at the time of examination.
- Check in the amount of $900 for first-time applicants, $600 for re-takes on General or Specialty exams, payable to the American Board of Science in Nuclear Medicine. Applicants deemed not to have met the admission requirements will be refunded the application fee less an administrative fee of $100. OR, you can pay online.
- Send completed application to address listed at bottom of the application.
H. Acknowledgement

I certify that the statements above (including any attachments submitted hereto) are to the best of my knowledge accurate. I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of a certification already made.

Your Signature                              Date

State and County of

SEAL

Before me, a Notary Public in and for said County and State, on this ______ day of _______, 20____, personally SEAL appeared ___________________ to me known to be the identical person who signed this application.

Witness my hand and official seal this date.

Notary Public

My commission expires

Signature (in ink)

Please mail and email application and required documentation to:

ABSNM
6019 Old Valley School Rd.
Kernersville, NC  27284

Phone: (336) 508-5148

absnm.mgr@gmail.com