



Letter of Reference / Attestation of Experience and Competency
Molecular Imaging Specialty

Name of Applicant: _____
Prefix First Middle Last Suffix

Date of Application: _____ Specialty Exam: Molecular Imaging

Supervisor's Qualifications:

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | ABSNM Diplomate | Date of certification: _____
Specialty Area: _____ |
| <input type="checkbox"/> | ABR Diplomate in a Nuclear Medicine Physics Specialty Area | Date of certification: _____
Specialty Area: _____ |
| <input type="checkbox"/> | American Board of Health Physics | Date of certification: _____ |
| <input type="checkbox"/> | American Board of Medical Physics with special competence Medical Health Physics | Date of certification: _____ |
| <input type="checkbox"/> | Physician with Board Certification in Nuclear Medicine, Diagnostic Radiology or equivalent (e.g. ABNM, ABR) | Date of certification: _____
Certification Board: _____
Specialty Area (if any): _____ |
| <input type="checkbox"/> | Other Nuclear Medicine Science Board Certification | Date of certification: _____
Certification Board: _____
Specialty Area (if any): _____ |

Professional Supervision:

Institution or Company employing applicant: _____

Start date of certified post-graduate supervision: _____

(Note: Start date must not be before the date of the applicant's qualifying master's or doctorate degree or the date of the supervisor's certification.)

End date of supervision: _____ (enter "current" if ongoing)

Describe your role in supervising the applicant:

Describe the applicant's work responsibilities relevant to Molecular Imaging.

Percentage of applicant's professional effort devoted
to the above Specialty: _____ %

If percentage effort in the above Specialty is less than 100%, describe the candidate's other work responsibilities:

Attestation:

I, (print name) _____, do hereby attest that the above applicant was supervised by me in this Nuclear Medicine Specialty for the period described above and that the applicant's work experience was devoted to this Nuclear Medicine Specialty according to the percentage effort listed above. My responses on this Letter of Reference / Attestation of Experience and Competency form accurately reflect my qualifications and my professional supervision of the applicant in this Nuclear Medicine Specialty.

Signature: _____ E-mail Address: _____

Date: _____

Please e-mail a scanned copy of the signed form to: absnm.mgr@gmail.com