



**Letter of Reference / Attestation of Experience and Competency**  
**Nuclear Medicine Physics and Instrumentation Specialty**

Name of Applicant: \_\_\_\_\_  
Prefix First Middle Last Suffix

Date of Application: \_\_\_\_\_ Specialty Exam: Nuclear Medicine Physics and Instrumentation

**Supervisor's Qualifications:**

**Qualifications satisfying the (A) Medical Physics and (B) Nuclear Medicine Physics and Instrumentation (NMPI) requirements.**

ABSNM Diplomate in Nuclear Medicine Physics and Instrumentation Date of certification: \_\_\_\_\_

ABR Diplomate in a Nuclear Medical Physics Specialty Area Date of certification: \_\_\_\_\_  
Specialty Area: \_\_\_\_\_  
recognized by the NRC under 10 CFR Part 35  
(e.g. Nuclear Medical Physics, Medical Nuclear Physics)

Physician Authorized User of radiopharmaceuticals as defined in 10CFR35.290 and 10CFR35.390. Qualifying Date: \_\_\_\_\_  
Radioactive Materials License # \_\_\_\_\_, issued in the State of \_\_\_\_\_.

**Qualifications satisfying only the (A) Medical Physics requirement.**

ABR Diplomate in a Diagnostic or Therapeutic Medical Physics Specialty Area recognized by the NRC under 10 CFR Part 35 Date of certification: \_\_\_\_\_  
Specialty Area: \_\_\_\_\_  
(e.g., Diagnostic Medical Physics, Diagnostic Radiologic Physics, Therapeutic Radiologic Physics, Therapeutic Medical Physics)

Canadian College of Physicists in Medicine in Radiation Oncology Date of certification: \_\_\_\_\_

**Qualifications satisfying only the (B) Nuclear Medicine Physics and Instrumentation (NMPI) requirement.**

Nuclear Physicist, Scientist or Engineer with Established Career in Nuclear Physics and Instrumentation Highest Degree: \_\_\_\_\_  
Field of Study: \_\_\_\_\_  
Date of Degree: \_\_\_\_\_

**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 or qualification as authorized user.)

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

Describe your role in supervising the applicant:

Describe the applicant's work responsibilities relevant to (a) Medical Physics and/or (b) Nuclear Medicine Physics and Instrumentation (NMPI).

Percentage of applicant's professional effort devoted to Medical Physics: \_\_\_\_\_ % (A)  
Percentage of applicant's professional effort devoted to NMPI: \_\_\_\_\_ % (B)

**Note:** The effort devoted to NMPI may overlap with the effort in Medical Physics. For example, if the applicant's effort in Medical Physics is 100% and 20% of this time is devoted to NMPI, then 100% should be entered in Line A and 20% in Line B. If the effort in Medical Physics is only in areas other than NMPI, then 0% should be entered in Line B.

If percentage effort in NMPI 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 Medical Physics and/or NMPI for the period described above and that the applicant's work experience was devoted to Medical Physics and/or NMPI 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 Medical Physics and/or NMPI.

Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Please e-mail a scanned copy of the signed form to: [absnm.mgr@gmail.com](mailto:absnm.mgr@gmail.com)