



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. Date first qualified: _____
Current Radioactive Material License # and date: _____ State: _____

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.

- Physicist, Scientist, or Engineer with Established Career in Nuclear Medicine Physics and Instrumentation Research & Development facility: _____
Attach CV, Resume or other documentation of established career in NMPI

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