



Letter of Reference / Attestation of Experience and Competency
Radiation Protection Specialty

Name of Applicant: _____
Prefix First Middle Last Suffix

Date of Application: _____ Specialty Exam: Radiation Protection

Supervisor's Qualifications:

- ABSNM Diplomate Date of certification: _____
Specialty Area: _____
- ABR Diplomate in a Medical Physics Specialty Area Date of certification: _____
Specialty Area: _____
- Physician Authorized User of radiopharmaceuticals as defined in 10CFR35.290 and 10CFR35.390. Qualifying Date: _____
Radioactive Materials License # _____, issued in the State of _____.
- American Board of Health Physics Date of certification: _____
- American Board of Medical Physics Date of certification: _____
with special competence Medical Health Physics
- Other Qualification (specify) _____

Professional Supervision:

Institution or Company employing applicant: _____

Start date of certified post-graduate supervision: _____

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

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

Describe your role in supervising the applicant:

Describe the applicant's work responsibilities relevant to the Radiation Protection Specialty.

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 Science Specialty for the period described above and that the applicant's work experience was devoted to this Nuclear Medicine Science 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 Science Specialty.

Signature: _____ E-mail Address: _____

Date: _____

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