



**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

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**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](mailto:absnm.mgr@gmail.com)