

K. Annual ABR Status Update

Student or Alumnus Name: _____ Report for the calendar year of _____
Date this form was completed: _____

1.) ABR Track (choose one or more as applicable):

- Diagnostic medical physics
- Therapeutic medical physics
- Nuclear medical physics

2.) ABR Part I

*In order to be eligible to take Part I, a candidate must be enrolled in or have graduated from a CAMPEP-accredited education program, certificate program, or residency.**

Did you pass Part I in a previous calendar year? Yes No
If yes, what year? _____ Proceed to Question 3

Did you become eligible for Part I in this calendar year? Yes No

Did you take Part I in this calendar year? Yes No

If yes, indicate result Pass Fail

If you have not yet taken or passed Part I, when do you anticipate taking it? _____

3.) ABR Part II

*In order to be eligible to take Part II, a candidate must have passed Part I and completed the CAMPEP-accredited program that was used for Part I eligibility, as well as hold an advanced degree from an approved program.**

Did you pass Part II in a previous calendar year? Yes No
If yes, what year? _____ Proceed to Question 4

Did you become eligible for Part II in this calendar year? Yes No

Did you take Part II in this calendar year? Yes No

If yes, indicate result. Pass Fail

If you have not yet taken or passed Part II, when do you anticipate taking it? _____

4.) ABR Part III

*In order to be eligible to take Part III, a candidate must have passed Part I and the candidate's chosen exams in Part II.**

Did you pass Part III in a previous calendar year? Yes No

If yes, what year? _____ Proceed to Question 6

Did you become eligible for Part III in this calendar year? Yes No

Did you take Part III in this calendar year? Yes No

5.) Other Certification

If applicable, indicate any other boards, e.g., ABMP, ABHP, including your current status _____, any changes in this calendar year, and anticipated examination dates _____.

6.) State Licensure and Registration

Were you licensed or registered in this calendar year? Yes No

If yes, indicate state _____ and type: Inaugural Renewal

Student or Alumnus Signature _____ Date _____