

AMERICAN BOARD OF HEALTH PHYSICS

1313 Dolley Madison Boulevard, Suite 402
McLean, Virginia 22101

Immediate Supervisor Form

Instructions: Fill out this application packet in its entirety and submit **in duplicate**. This form may be photocopied. Please type or complete legibly using black ink only. All signatures must be original and in ink.

Note: Please do not use "see attached" in lieu of filling out required forms. Failure to properly complete required forms will delay the processing of the candidate's application and may result in its rejection.

This side to be completed by the applicant.

1. Name of Applicant: _____

2. Applicant's Address: _____

3. Date of Current Employment:

From: _____

Years worked: _____

% time in professional HP capacity: _____

4. Name and Address of Employer:

5. Exact Title of Position:

6. Description of work. Include major responsibilities and areas of specialization:

7. Supervisor's Name: _____

8. Supervisor's Title: _____

9. Supervisor's Telephone Number: _____

10. Applicant's Signature _____ Date: _____

11. Supervisor's Signature _____ Date: _____

(OVER)

This side is to be completed by the applicant's supervisor.

(If additional space is required, attach separate sheets. Please do not use "see attached" in lieu of filling out the spaces on this form.)

12. Is the description of work as given in item 6 an accurate and complete description of the applicant's work, responsibilities, and percent of time spent in health physics? If not, please provide specific comments.

13. How long have you supervised the applicant? _____

14. To what extent and by whom are the applicant's activities reviewed? _____

15. What are the applicant's major professional strengths? _____

16. Does the applicant have any limitations that might influence his or her capacity to practice health physics at a responsible professional level?

17. Do you recommend the applicant for certification? Yes No (If "No", please explain.)

18. Have you reviewed the applicant's completed application? Yes No

19. Are you ABHP Certified? Yes No

20. Signature: _____ Date: _____

SUMMARY OF EXPERIENCE REQUIREMENTS FOR CERTIFICATION

An applicant for certification must have at least six (6) years of responsible professional-level experience in health physics as of July 1 of the year in which the examination is to be taken. At least three (3) of the years of experience must have been in applied health physics. The six (6) years of professional experience, which must be documented by an applicant for Part II of the examination, must be experience which demonstrates that the applicant has been required to exercise professional-level judgement in one or more of the following areas:

- ! establishment and/or evaluation of a radiation protection program;
- ! design and/or evaluation of the design of the radiation protection aspects of a facility;
- ! design and implementation of a radiation protection training course or program;
- ! development of an experimental and/or measurement program designed to answer radiation protection-related questions;
- ! evaluation of measurement data;
- ! analysis and solution of radiation protection problems;
- ! preparation, interpretation, and implementation of recommendations and regulations

A master of science degree in health physics or a closely related area may, at the discretion of the Board, be substituted for one year of professional experience; a Ph.D. may be substituted for two years. In no case will technician-level experience be accepted as meeting the experience requirements. Please refer to the ABHP Prospectus for a complete listing of requirements for certification.