

**AMERICAN ACADEMY OF HEALTH PHYSICS**  
**1313 DOLLEY MADISON BOULEVARD, SUITE 402**  
**McLEAN, VA 22101**

**APPLICATION FOR RENEWAL OF CERTIFICATION OR FOR EMERITUS STATUS**

INSTRUCTIONS

1. Please type or print and submit only one copy.
2. If space is inadequate for any answer, use extra sheet of paper and number items to correspond with items as listed.
3. If you are submitting for Emeritus status, please complete items 1-6 and items 12 and 13 on the last page.
4. APPLICATION FOR: (Check applicable box)  
Initial Renewal   
Later Renewal   
Emeritus Status  Email Address \_\_\_\_\_

1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
(last) , (first) (middle)

3. Home Address \_\_\_\_\_

4. Business Address \_\_\_\_\_

5. Send Mail to: Home Address  Home Telephone Number ( ) \_\_\_\_\_  
Business Address  Work Telephone Number ( ) \_\_\_\_\_

6. Year of Original Certification by ABHP: Comprehensive \_\_\_\_\_ Power Reactor \_\_\_\_\_

7. Present position. Describe in your own words. Do not use official job descriptions. We are particularly interested in your professional health physics activities. Describe any previous positions with present employer in item 8.

Date Assigned to Position:	Name and Place of Employer:	Name and Title of Immediate Supervisor:
Exact Title of Present Position:		
Description of work. Include major responsibility and specific fields.		
Percent of time in health physics work _____		

8. Previous positions held since you were certified or since last renewal. Start with most recent position and work back. Emphasize those portions of work that are health physics or closely related. Employer may or may not be same as in item 7.

Date of Employment:	Name of Employer:	Place of Employment:
From:	To:	
Exact title of position:		
Description of work. Include major responsibility and specific fields.		
Percent of time in health physics work _____.		

Date of Employment:	Name of Employer:	Place of Employment:
From:	To:	
Exact title of position:		
Description of work. Include major responsibility and specific fields.		
Percent of time in health physics work _____.		

9. Describe special activities or achievements in the past four years, such as degrees, publications, reports, awards, etc.

10. ABHP/CEP approved continuing education courses attended during current renewal period.

<u>Sponsor</u>	<u>Course Title</u>	<u>Where Offered</u>	<u>Dates</u> <u>From To</u>	<u>CEP Approval</u> <u>Certificate No.</u>	<u>Continuing</u> <u>Educ. Credits</u>
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					
m.					
n.					
o.					

Total No. of Credits \_\_\_\_\_

**NOTE:** Do not submit application until a minimum of 64 continuing education credits have been earned within your current renewal period.

11. Professional References: name and address of at least two persons other than your supervisor who are qualified to evaluate your health physics competence. If possible, at least one reference should be a Certified Health Physicist. References will be consulted only in exceptional cases where the Board needs additional information.

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I certify that the statements above (including any attachments I have submitted hereto) are, to the best of my knowledge, accurate, and I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of a certification already made.

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Signature (in ink)

12. Statement Concerning Professional Responsibilities of Certified Health Physicists

As a final step in establishing my eligibility for recertification by the American Board of Health Physics, I wish to acknowledge my understanding and acceptance of the statement of Standards of Professional Responsibility for CHPs that was approved by the Board of Directors in 1996.

By my signature below, I verify that as a Certified Health Physicist I will fulfill these responsibilities and, to provide additional assurance that I remain professionally competent, I agree to meet the requirements for continuing certification established by the Board. Should I not meet the requirements for recertification, I understand and agree that I shall then be classified as Inactive and no longer be included in published listings of Certified Health Physicists.

Date: \_\_\_\_\_ Signature (in ink): \_\_\_\_\_

13. Application for Emeritus Membership

Emeritus status may be granted by the American Board of Health Physics to a CHP in good standing who has retired from active professional practice because of age or health. This is commonly interpreted as working less than 25% of full time and does not, therefore, exclude part-time consulting. An Emeritus CHP is not required to renew certification, but enjoys all of the privileges of an active member, receives all of the publications of the AAHP/ABHP, and is listed with an emeritus designation among the active CHPs in the Academy section of the Health Physics Society Membership Directory.

**I hereby apply for Emeritus Member status in the AAHP; (1) I have retired from active professional practice due to age or health (not because of changing fields) and (2) I am a member in good standing of the American Academy of Health Physics.**

Date: \_\_\_\_\_ Signature(in ink): \_\_\_\_\_

Return to:

American Board of Health Physics  
1313 Dolley Madison Boulevard, Suite 402  
McLean, VA 22101