

D. Supervised professional training/experience in the Specialty of your choice: In the space provided below, describe in your own words your major responsibilities and time spent in Specialty activities. The minimum total time must meet the requirements stated in “Requirements for ABSNM Certification.” Begin with **present position** and work back.

1.

Employer:

Address:

Exact Title of Position:

Dates of Experience from: to:

Name and Title of Supervisor:

Description of Work:

2.

Employer:

Address:

Exact Title of Position:

Dates of Experience from: to:

Name and Title of Supervisor:

Description of Work:

3.

Employer:

Address:

Exact Title of Position:

Dates of Experience from: to:

Name and Title of Supervisor:

Description of Work:

4.

Employer:

Address:

Exact Title of Position:

Dates of Experience from: to:

Name and Title of Supervisor:

Description of Work:

E. Professional and Honorary Societies: (Attach additional pages, if necessary)

Name of Organization	Class of Membership	Year Accepted	Offices or Committees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Journal Publication, Chapters and Books: (Attach additional pages, if necessary.)

G. Professional References: List the names, addresses, e-mails and telephone/fax numbers of supervisors from Section D, who qualify as references per “Requirements for ABSNM Certification” and who will be submitting letters attesting to your competence and experience directly to ABSNM.

Name	Address	E-mail	Telephone/Fax No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. Checklist

- ___ An official transcript(s) of your Masters or Doctorate degree in a major field, appropriate for the Specialty of your choice (See Requirements for ABSNM Certification) (Foreign graduates contact ABSNM office — ABSNM Administrator)
- ___ Documentation of your training in Specialty of your choice. A list of graduate or professional education courses, including dates and location.
- ___ Letter of reference from professional persons under whose supervision you worked and who attest in detail to your competency and work experience in the Specialty you have chosen including the length of time (2 to 3 years depending on the choice of specialty – see details in Requirements for ABSNM Certification and on ABSNM website). **Ask these references to write directly to ABSNM.**
- ___ Recent photograph for purposes of identification at the time of examination.
- ___ Check in the amount of \$750 for first-time applicants, \$550 for re-takes on General or Specialty exams, payable to the American Board of Science in Nuclear Medicine. Applicants deemed not to have met the admission requirements will be refunded the application fee less an administrative fee of \$100.
- ___ Completed application postmarked by March 10, 2010 to: ABSNM Program Coordinator, Matthew Ivory, Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, VA 20190.

I. Acknowledgement

I certify that the statements above (including any attachments submitted hereto) are to the best of my knowledge accurate. 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.

Your Signature

Date

State and County of

SEAL

Before me, a Notary Public in and for said County and State, on this _____ day of _____, 20____, personally **SEAL** appeared _____ to me known to be the identical person who signed this application.

Witness my hand and official seal this date.

Notary Public

My commission expires

Signature (in ink)

Please send application and required documentation to:

ABSNM
C/o Matthew Ivory
1850 Samuel Morse Drive
Reston, VA 20190-5316

Phone: (703) 667-5122
Fax: (703) 708-9020