

## **CAMPEP-Accredited Program Enrollment Attestation**

This form is only to be used if you are *enrolled* in a program. If you have completed a program, you will be asked to scan and attach as documentation a copy of your official transcript/residency certificate.

Please complete fillable sections of the form, print it, and give it to your Program Director to sign. The form must be scanned and attached to your Part 1 application, submitted online.

Student / Resident Name:							<del></del>		
Program Name:									
Program Director Name:									
Program Type:									
Graduate program:									
Check One:		MS		PhD	☐ DMP		Certificate		
Residency Program									
This section must be comple appropriate statement below								ILY. Pleas	e select the
Dear Program Director,									
The above-named medical phy this candidate's admissibility to accredited program, please cor	the b	oard e	xam	nination	process is	cont	tingent upon enro	ollment in a	
I attest that the above-named a indicated above.	pplica	ant is <b>e</b>	enro	lled an	d in good s	stan	<b>iding</b> in the CAM	IPEP-accre	edited program
Program Director Signature	Э			Prir	nted Name	of P	rogram Director	_	Date

Complete ABR requirements the exams are available on the website:

Part 1: https://www.theabr.org/medical-physics/initial-certification/part-1-exam/requirements-application

Part 2: https://www.theabr.org/medical-physics/initial-certification/part-2-exam/requirements-application

Part 3 (Oral): https://www.theabr.org/medical-physics/initial-certification/part-3-exam/requirements- application