



AMERICAN ACADEMY OF HEALTH PHYSICS

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THE PRESIDENT OF THE AAHP'S MESSAGE FOR 2017

Kyle Kleinhans, President

When I took office in February of this year, a year seemed like an eternity and that so much could be accomplished. By November, while writing this, the year has flown by and the committees and the ABHP have been the ones who have accomplished things. I'd like to express my thanks and appreciation to the committee members and chairs who actually do the majority of the work of the Academy, the Executive Committee, our Past-President Kent Lambert, and of course the ABHP.

We are fortunate to have Kathy Pryor as the **incoming President** for 2018, with Andy Miller as **President-Elect**. Kathy has recruited the necessary chairpersons and committee members to assure that things run smoothly in 2018.



We owe many thanks to our ABHP Vice-Chair Bill Rhodes, who has been leading the effort to transition towards an **electronic platform for Part 1 of the ABHP exam**, and for the exam application process itself.

We also owe thanks to our CHP Corner Editor Harry Anagnostopoulos, and Associate Editor Mike Zittle, for their efforts to bring timely news to our CHPs (and prospective CHPs). Harry has recruited Brad Keck to be our **new Social Media Editor**. Please welcome Brad on-board. By the time you read this you may have already seen a new AAHP presence on Twitter, LinkedIn (and other social media platforms that I'm unaware of). Brad has also taken over the Academy's presence on Facebook that has been performed previously by Jim Willison. Thanks also to Jim for the excellent job he has done maintaining our presence on Facebook.

Our membership has remained relatively constant over the last 16 years, at about 1,300 CHPs. Unfortunately, during this period approximately 160 CHPs have passed away and 240 CHPs have **become non-active by not recertifying**. Please encourage any of your colleagues that have allowed their certification to lapse to apply for recertification. Paying maintenance fees and accruing 80 CEUs in the previous 4 years is typically all that is required, even after allowing your certification to lapse.

The **finances** of the Academy are in good shape. The Academy has about \$870,000 in total funds distributed between cash, intermediate-term and long-term investments. This figure and the management of the finances meet the goals of the AAHP procedures and policies. I mentioned earlier (in my letter that accompanied your maintenance fee notice) that we increased annual maintenance fees from \$75 to \$100 which brings us in-line with other professional organizations and allows for a sustainable future.

The AAHP Special Session “*What Every CHP Should Know About . . .*” consisting of eight technical presentations was very well attended and the speakers provided great insight on some of the common problems faced by professionals in today’s work place. The 8-hr AAHP sponsored PEP sessions also remained well-attended.

Registration is open for the 2018 Mid-Year meeting in Denver; including two 8-hr classes offered on Saturday 03 February 2018, by the AAHP Continuing Education Committee. These are:

1. Beyond Regulatory Compliance: Improving Performance Through Safety Management Systems, and
2. So You Want To Be A Medical Radiation Safety Officer?

These classes are each worth 16 CEUs.

Additionally, the Continuing Education Committee is developing a pilot on-line educational experience which is based on the ROSS class from this year’s annual meeting in Raleigh.

Currently HPS one and two hour courses are available online at

<http://maperc.mycrowdwisdom.com/diweb/catalog> for viewing and accruing CEUs at the rate of:

- \$120 for 4 CEUs, and
- \$60 for 2 CEUs.

Although you may mail in your CEC application request, the process is quicker if you submit them on-line.

The AAHP reports that the **Part 1 grading has been completed**, and was reviewed and validated with the American Board of Health Physics (ABHP) at a November meeting. The more labor-intensive **Part 2 grading is also complete**, and the results are being compiled. Be sure to check out the January *CHP Corner* for the list of successful examinees!

Returning to the topic of the electronic delivery of Part 1 testing for 2018, an extensive exam bank of 780 questions has been imported into the system, and a quality assurance check was conducted by the ABHP. The Part 1 Panel will use the new system to design the 2018 Part 1 exam. Each question on the new examination will be reviewed for performance, relevance, and accuracy. After question changes/replacements are made, the overall examination will be evaluated to assure that the number of calculation questions in each of the three categories (easy, medium, and difficult) remains close to the historical averages. In addition, the projected performance of the new examination will be evaluated using the past-performance data for each question. Examination modifications will be made as needed to maintain consistency with previous testing.

The Prospectus of the ABHP has also been updated and is available on the ABHP website.

The Nuclear Regulatory Commission’s Advisory Committee on the Medical Use of Isotopes (ACMUI) selected AAHP member Michael Sheetz to be the Radiation Safety Officer representative. Mike was nominated by the HPS and endorsed by the Academy. Please congratulate Mike on his selection.

Lastly I’d like to remind everyone of the relationship of the HPS, AAHP and ABHP. The HPS and AAHP maintain completely separate membership databases and websites. The

membership databases must be updated independently. We have been trying to correct the email addresses that bounce-back when sending emails (such as the monthly CHP Corner).

So if you are not getting emails from the AAHP, please log in at https://www.hps1.org/aaHP/membersonly/change_data.pl and **update your contact information**.

- Kyle



ABHP EXAM APPLICATION REMINDER

The time is NOW! Applications to take either part of the 2018 ABHP examination must be filed with the Secretariat, and postmarked **no later than 16 January 2018**.

Application information may be found [here](#).

THE 2017 CHP SALARY SURVEY

Gary Lauten, AAHP Niche Analyst

Introduction

The 2017 Certified Health Physicist (CHP) survey data was collected by having CHPs submit their responses to survey questions on a web-based data entry form. As was done in previous years, data was collected in conjunction with a salary survey of the entire Health Physics Society (HPS).

Data Analysis

The salary ranges marked by CHPs on the completed survey forms were rounded to the midpoints of those ranges before statistical analyses were performed. For example, if a CHP marked the salary range \$100,000 to \$102,499; their salary was rounded to the midpoint value of \$101,250.

Responses from CHPs who were employed either part-time or were retired were not analyzed, since the data did not allow meaningful comparisons to be made.

To minimize skewing the results, data from twelve survey respondents were excluded from the data analysis because they indicated that they earned less than \$62,500 or more than \$210,000 per year.

Of 38 respondents attaining ABHP certification within the last two years, 74% did not receive a significant (10% or more) salary increase.

Of respondents receiving a significant (10% or more) salary increase upon attaining ABHP certification within the last two years: 30% received this increase from their current employer, 40% from a promotion with their current employer, 20% received this increase from a new employer, and 10% did not specify.

CHP salaries by region are also presented in this report.

Data Presentation

In an effort to make the results of the survey interesting and useful, CHPs were subcategorized by: education, primary job responsibility, years of experience, and other combinations of these subcategories.

Readers are advised that (for statistical validity):

- Results were given only if there were 10 or more CHPs within that subcategory
- Data presented for one subcategory of CHPs may not be possible for another subcategory, and
- The subcategories in the tables may also change from year to year, depending on the number of responses received

Every effort was made to keep the subcategories consistent with previous surveys.

NOTE: Questions about this survey should be directed to Gary Lauten
chpsalariesurvey@yahoo.com

Tables and Figures

Tables show results for full-time CHPs who received health, vacation, and retirement benefits from their primary employer unless otherwise noted.

Histograms of the data shown in Table 1 - "All CHPs", and Table 2 – "Masters Health Physics" are included as Figures 1 and 2 respectively.

Table 1: All CHPs

	Count	Average	Median	Max	Min	Std Dev
CHPs	229	\$138,380	\$138,750	\$210,000	\$66,250	\$28,521

Table 2: CHPs by Education and Field

	Count	Average	Median	Max	Min	Std Dev
Bachelors Health Physics	13	\$120,481	\$131,250	\$146,250	\$66,250	\$25,421
Bachelors Other Field	23	\$126,902	\$123,750	\$171,250	\$93,750	\$21,588
Masters Health Physics	114	\$139,726	\$140,000	\$207,500	\$66,250	\$29,302
Masters Other Field	23	\$141,902	\$143,750	\$178,750	\$96,250	\$22,965
Masters Nuclear Engineering	10	\$139,000	\$128,750	\$198,750	\$111,250	\$27,650
Ph.D. Health Physics	21	\$144,702	\$143,750	\$196,250	\$106,250	\$28,902
Ph.D. Other Field	12	\$136,250	\$141,250	\$181,250	\$88,750	\$28,920

Table 3: CHPs by Education and 6-15 Years of Experience

	Count	Average	Median	Max	Min	Std Dev
All CHPs 6-15 yrs Experience	44	\$122,102	\$117,500	\$181,250	\$66,250	\$23,127
Masters Health Physics	21	\$119,702	\$113,750	\$166,250	\$86,250	\$20,317

Table 4: CHPs by Education and >15 Years of Experience

	Count	Average	Median	Max	Min	Std Dev
All CHPs >15 yrs Experience	178	\$141,364	\$141,250	\$210,000	\$66,250	\$28,143
Bachelors Other Field	22	\$127,841	\$126,250	\$171,250	\$93,750	\$21,610
Masters Health Physics	90	\$143,375	\$143,750	\$207,500	\$66,250	\$28,893
Masters Other Field	17	\$145,809	\$146,250	\$176,250	\$96,250	\$19,887
Ph.D. Health Physics	18	\$149,444	\$147,500	\$196,250	\$106,250	\$28,515

Table 5: CHPs by U.S. Regions*

	Count	Average	Median	Max	Min	Std Dev
Northeast	36	\$139,757	\$135,000	\$207,500	\$66,250	\$32,253
Midwest	36	\$133,958	\$132,500	\$186,250	\$88,750	\$25,322
South	66	\$135,208	\$138,750	\$210,000	\$66,250	\$27,061
West	73	\$140,979	\$141,250	\$209,000	\$71,250	\$28,961

*The four major regions of the United States as defined by the U.S. Census Bureau for which data are presented represent groups of states as follows:

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin.

South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia.

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Table 6: Masters Health Physics and Primary Employer

	Count	Average	Median	Max	Min	Std Dev
Federal Government	21	\$145,298	\$146,250	\$166,250	\$113,750	\$16,686
Medical	16	\$151,953	\$148,750	\$207,500	\$86,250	\$36,269
University	13	\$106,058	\$103,750	\$191,250	\$66,250	\$31,548
National Laboratory	19	\$139,934	\$138,750	\$198,750	\$101,250	\$26,410
Government Contractor	17	\$146,103	\$143,750	\$191,250	\$123,750	\$18,801

Table 7: All CHPs by Other Certifications

	Count	Average	Median	Max	Min	Std Dev
NRRPT	43	\$134,041	\$131,250	\$198,750	\$71,250	\$25,226
PE	10	\$149,500	\$145,000	\$196,250	\$101,250	\$28,700
Other	37	\$143,581	\$143,750	\$210,000	\$71,250	\$28,853

Table 8: Masters Health Physics and Primary Job Responsibility

	Count	Average	Median	Max	Min	Std Dev
Applied Health Physics	32	\$136,250	\$146,250	\$191,250	\$66,250	\$31,482
Dosimetry	13	\$123,750	\$131,250	\$161,250	\$91,250	\$19,472
Medical	10	\$170,375	\$178,750	\$207,500	\$103,750	\$32,307
Regulations/Standards	10	\$145,750	\$142,500	\$186,250	\$113,750	\$21,337

Table 9: All CHPs by Primary Job Responsibility

	Count	Average	Median	Max	Min	Std Dev
Administration	11	\$145,341	\$141,250	\$198,750	\$113,750	\$26,464
Applied Health Physics	65	\$133,538	\$136,250	\$210,000	\$66,250	\$29,181
Dosimetry	22	\$126,364	\$127,500	\$176,250	\$91,250	\$21,664
Emergency Preparedness	10	\$142,500	\$142,500	\$198,750	\$93,750	\$27,895
Environmental	13	\$139,135	\$138,750	\$173,750	\$108,750	\$22,658
Instrumentation	10	\$132,750	\$127,500	\$191,250	\$103,750	\$24,444
Medical Health Physics	18	\$159,667	\$172,500	\$209,000	\$88,750	\$37,986
Radiological Assessment	11	\$141,477	\$143,750	\$196,250	\$98,750	\$27,442
Power Reactor	13	\$143,558	\$131,250	\$201,250	\$98,750	\$28,586
Regulations/Standards	17	\$141,250	\$141,250	\$186,250	\$108,750	\$19,546

Table 10: CHPs as Professional Staff (All CHPs in this category & by education)

	Count	Average	Median	Max	Min	Std Dev
All CHPs in this Category	113	\$135,940	\$133,750	\$201,250	\$66,250	\$26,856
Masters Health Physics	56	\$138,839	\$136,250	\$201,250	\$78,750	\$27,985
Masters Other Field	11	\$142,841	\$143,750	\$178,750	\$98,750	\$22,172

Table 11: CHPs as Supervisor of Professional Staff (All CHPs in this category & by Education)

	Count	Average	Median	Max	Min	Std Dev
All CHPs in this Category	49	\$137,934	\$138,750	\$198,750	\$88,750	\$25,741
Masters Health Physics	21	\$133,750	\$136,250	\$188,750	\$88,750	\$28,570

Table 12: All CHPs as RSO

	Count	Average	Median	Max	Min	Std Dev
All CHPs RPM/RSO	21	\$142,560	\$143,750	\$173,750	\$101,250	\$20,595
All CHPs University RSO	10	\$115,750	\$107,500	\$196,250	\$66,250	\$38,583
All CHPs Medical RSO	13	\$158,462	\$151,250	\$210,000	\$108,750	\$28,340
All CHPs University-Med RSO	11	\$147,523	\$138,750	\$209,000	\$88,750	\$43,080

Figure 1: Histogram of Table 1 Data, all CHPs

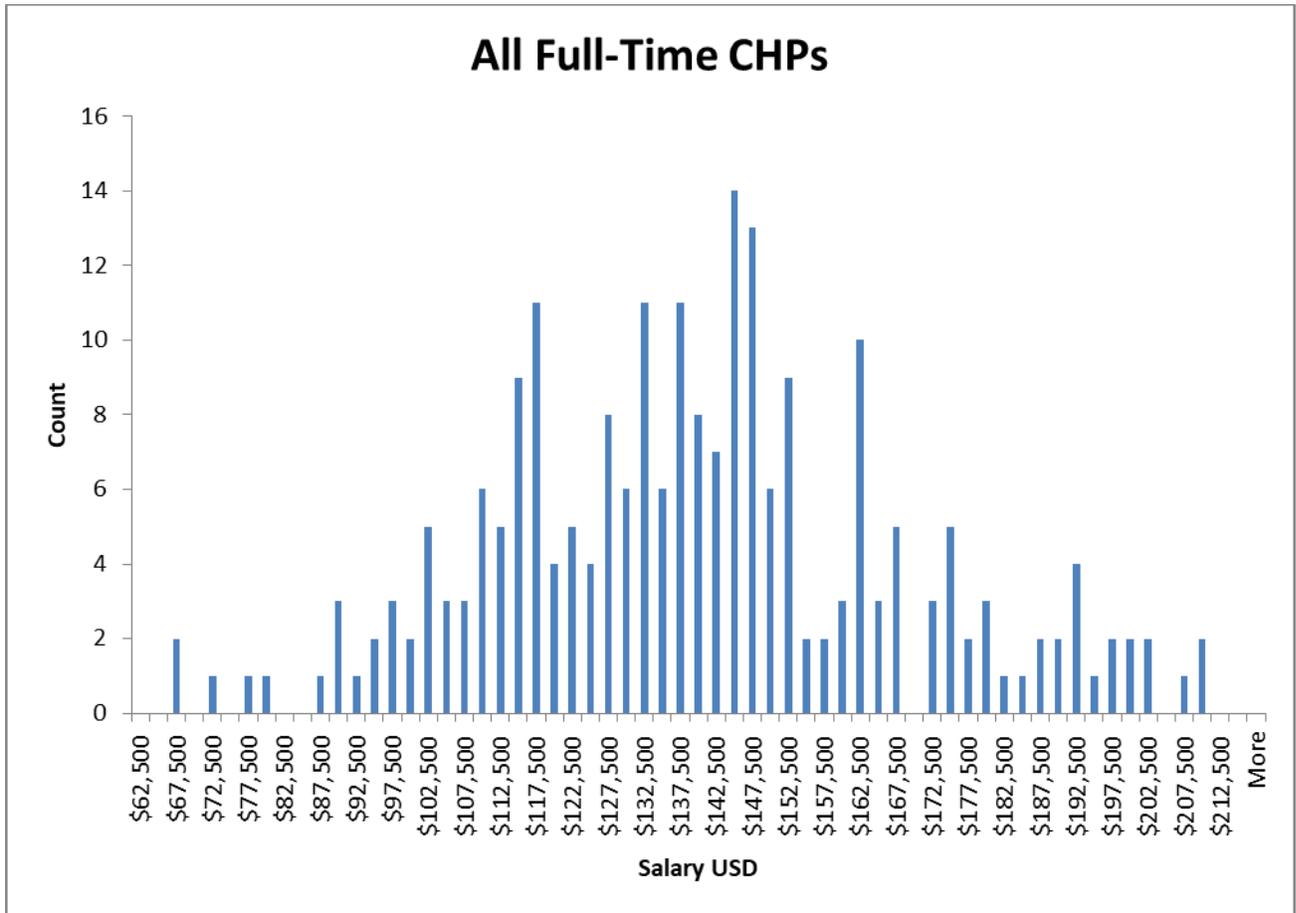
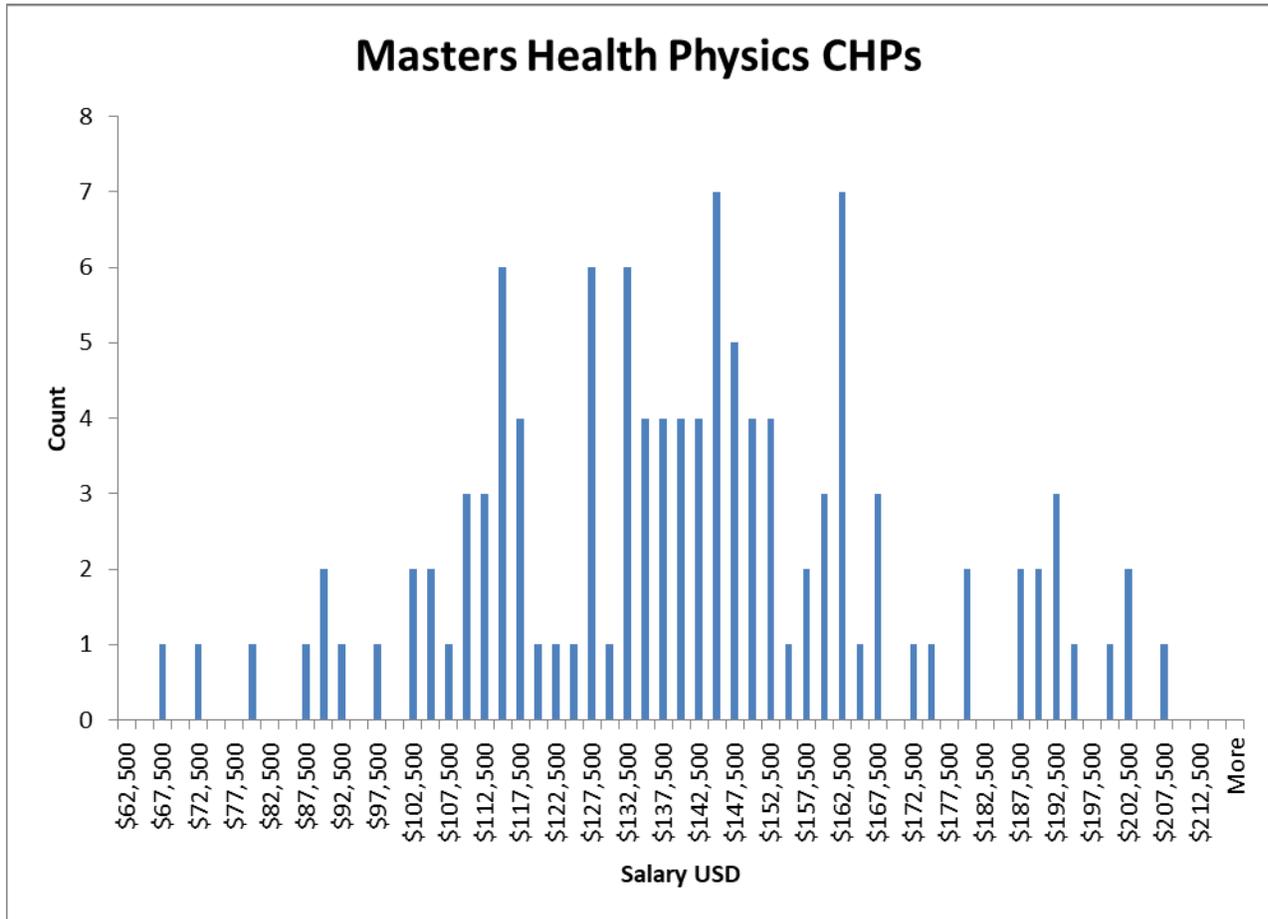


Figure 2: Histogram of Table 2 Data, Masters Health Physics CHPs



Acknowledgements

Thank you for participating in this survey. Your confidential data benefits the entire health physics community, and is never shared such that it would be possible to identify individual participants.