As radiation protection professionals, we use *Slow* thinking when considering and communicating risks associated with nuclear power or radiation. Death, cancer, and radiation instill in most folks a response from their “gut,” or *Fast* thinking of their brain. The significant reduction and increased treatment effectiveness in many diseases including smallpox, diphtheria, pneumonia, and others, which just decades ago were leading causes of death for both adults and children, have given statistical ground to now cancer becoming a leading cause of death. Put another way: Cancer’s gaining statistical relevance as a cause of death is not due to a vast gross increase in the prevalence of cancer; it is due in large part to a vast decrease in other now largely preventable causes of death. To excerpt from Gardner: “It is possible that today cancerophobia (that is, the fear of cancer) causes more suffering than cancer itself (p 221).” Fact: eventually we are all going to die. Facing our own mortality is exceedingly difficult and this is a root of why risk communication regarding radiation, and by extension, cancer, continues to be challenging.

Empathy from the *Slow* thinker (in this case, the risk communicator) is key to getting through to the “gut” response of the *Fast* thinker (the concerned person). Confronting a *Fast* thinking, “gut” response with solely a technical, *Slow* thinking diatribe of science is a mixture of water and oil (or worse, lithium) destined to leave the concerned person in the doldrums of fear.

Ray Johnson’s HPS.org column *Can We Talk* also provides excellent insight into being effective listeners and communicators. I look forward to his upcoming posts as useful tools we can all add to that which we keep at our fingertips.

Anyone read any good books lately or care to share a communication success story or tactic? Contact me on LinkedIn at Dan Sowers, CHP or email at dsowers430@gmail.com.
ABHP EXAM APPLICATION REMINDER
Amy Wride-Graney, Program Director

Hey Jake and Jared, stop procrastinating! Applications to take either Part I or Part II of the ABHP examination must be fully completed by the January 15th deadline. Please note that this does include all parts of the application, including references and the written report. All parts of the application process are completed online (including payment), and it is the candidate’s responsibility to make sure that the application is fully submitted. Please push this message to those ready to sit for either part of the exam in July!

ONLINE SUBMISSION OF CONTINUING EDUCATION CREDITS
Curtis Kwasniewski, Continuing Education Cmte Chair

As part of the ongoing maintenance requirements of the Certified Health Physicist certification, each CHP is required to complete 80 credit hours of continuing education (80 CECs). To assist you in documenting your progress toward and completion of this requirement, the AAHP has created an online submission form for CEC Credit Requests. This is now our preferred method of submitting CECs for CHP renewals.

To submit CEC requests online, simply visit the form at: www.aahp-abhp.org/cec-request.
Note that CEC requests can be submitted at any time, avoiding the traditional "documentation rush" at the end of your certification cycle. We strongly encourage you to submit your requests "as you go" so there's no need to search your records later to recall details.

Full instructions on how to use the CEC Request form can be found on the AAHP web site at:
www.aahp-abhp.org/cec-submission-instructions.
The full ABHP continuing education policy can be found on the AAHP web site at:
www.aahp-abhp.org/ce-policy.