



**American Board of Health Physics**  
**American Academy of Health Physics**  
 191 Clarksville Road Princeton Junction, N.J. 08550  
 (888) 282-3446 <director@aahp-abhp.org>

# Application for Emeritus Status

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, and is listed with an emeritus designation among the active CHPs.

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
 (Middle) \_\_\_\_\_ (Previous Last)\* \_\_\_\_\_

## HOME

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

## BUSINESS

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Mailing Address:  Home  Business Email Address: \_\_\_\_\_

## I Hereby Apply for Emeritus Status in the AAHP

- I have retired from active professional practice due to age or health (not because of changing fields); and
- I am a member in good standing of the American Academy of Health Physics.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please advise us if your legal name has changed since your initial certification / most recent recertification.