AMERICAN BOARD OF HEALTH PHYSICS
AMERICAN ACADEMY OF HEALTH PHYSICS

APPLICATION FOR RENEWAL OF CERTIFICATION

Name

(last) (first) (middle) (previous last)*

Addresses

Home	**Business**
address1	address1
address2	address2
city / state / postal code	city / state / postal code
country / phone	country / phone

Preferred mailing address: ☐ Home ☐ Business **E-mail**

Professional employment

Name of your current employer:

Position title:

Current supervisor:

Supervisor's Phone Number: **e-mail address:**

Are you currently:

a. engaged in health physics at a professional level more than 25% of the time? ☐ Yes ☐ No

b. a full-time student in a field related to health physics? ☐ Yes ☐ No

c. a retired individual whose limited work time is devoted to health physics? ☐ Yes ☐ No

d a manager with primary responsibility for an organization that includes health physics? ☐ Yes ☐ No

Since your last recertification / initial certification

On average, were you engaged in the practice of health physics at a professional level more than 25% of the time? ☐ Yes ☐ No

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.

I acknowledge that I understand and accept the statement of Standards of Professional Responsibility for CHPs. By my signature below, I verify that as a Certified Health Physicist I will fulfill these responsibilities and, to provide additional assurance that I remain professionally competent, I agree to meet the requirements for continuing certification established by the Board.

Signature: **Date:**

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

AAHP Continuing Education Committee approved continuing education courses attended during current renewal period.

Sponsor	Course Title	Location Offered	Date	Course Approval #	# of CECs Awarded
				Total:	

NOTE: Do not submit application until a minimum of 80 continuing education credits have been earned within your current renewal period.