American Board of Health Physics

50 Millstone Road, Building 200, Suite 215
East Windsor, New Jersey 08520

# RADIATION PROTECTION REPORT COVER SHEET

Please complete this form and attach it to the report submitted with the Application for Certification.

**Applicant's Name:**

## AUTHOR (Check all applicable, but at least one.)

- [ ] Report authored solely be the applicant.
- [ ] Applicant originated the first draft.
- [ ] Applicant solely responsible for major sections. (Mark those sections on the Report.)
- [ ] Applicant primarily responsible for the research and development behind the report and shared the writing effort.
- [ ] Describe manner in which this report reflects a "professional effort" by the applicant.

**Description:**

## SUBJECT AREA OF REPORT

- [ ] Facility/Process Evaluation
- [ ] Protective Guidance Document
- [ ] Dose Assessment
- [ ] Retrospective/Prospective Radiation Protection Evaluations (e.g., accident evaluation, emergency planning)
- [ ] Other area in which ABHP tests and certifies expertise (specify):

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## PROFESSIONAL ELEMENT

☐ Judgement (describe):

☐ Non-regulatory guidance used (describe):

## SIGNATURE OF ALL AUTHORS (original signature in ink):

Sign below after printing the completed form.

Author signature

Author signature

Author signature

Author signature