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:

American Board of Health Physics

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

RADIATION PROTECTION REPORT COVER SHEET

Subject Area of Report and Professional Element

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):

Other area (specify):

PROFESSIONAL ELEMENT

- [ ] Judgement (describe):

American Board of Health Physics

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

RADIATION PROTECTION REPORT COVER SHEET

Professional Element and Author Signatures

PROFESSIONAL ELEMENT

☐ 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