

1	<p>START APPLICATION</p> <ul style="list-style-type: none"> • Application Statement — Read the ABNM Certification Examination Application Statement and agree to the terms of the statement by clicking "Agree".
2	<p>APPLICATION INSTRUCTIONS</p> <p>Applicants who wish to be examined by the ABNM must complete this online application.</p> <ul style="list-style-type: none"> • Online application must be submitted, documents received, and application processing fee paid by May 31st at 23:59:59 EDT. • The ABNM reserves the right to reject any application that is not completed by the deadline. All fees (including late fees) are nonrefundable if an application is rejected.
3	<p>CONTACT INFORMATION</p> <ul style="list-style-type: none"> • Demographics — Enter your name/degree to be printed on certificate, date of birth, gender, country of birth, citizenship, degree(s). • Mailing and Billing Preferences — Enter where you prefer to receive correspondence and invoices. • Primary Work Address — required • Home Address — required <p>NOTE: Alternate Email: Please provide an alternative email address so we can continue to communicate with you in a timely manner (i.e., post training, relocation to another employer, etc.)</p>
4	<p>EDUCATION</p> <ul style="list-style-type: none"> • Medical School that Granted You Your Medical Diploma — Enter in your medical school information, i.e., country, city, medical school, dates attended, degree earned, year degree was awarded. <p>NOTE: upload a copy of your medical school diploma(s). File types accepted pdf, jpeg, jpg, doc, docx, rtf, png, gif, ppt, xml. MAX upload size is 32MB.</p>
5	<p>NON-NM CLINICAL TRAINING</p> <ul style="list-style-type: none"> • US/Canada Clinical Training — Click on Add New Training and enter information for all preparatory clinical training (including internships) after medical school and all residency training leading to eligibility or board certification except for nuclear medicine training. Upload either the certification of completion or a confirmation letter of completion for each training. All other training will be listed on your CV, which will be uploaded on the Training Pathway page of this application. • International Clinical Training — Click on Add New Training and enter information for any international preparatory clinical training (including internships) after medical school and all international residency training leading to eligibility or board certification except for nuclear medicine training. Upload either the certification of completion or a confirmation letter of completion for each training. All other training will be listed on your CV, which will be uploaded on the Training Pathway page of this application.

DISCLAIMER:

The American Board of Nuclear Medicine (ABNM) reserves the right to change any information, including format, fees, policies, procedures, and requirements, without prior notice or issuance of a revised publication. It is the applicant's responsibility to seek the most current information. The most current information supersedes all previously published information.

6	<p>NM TRAINING PATHWAY</p> <ul style="list-style-type: none"> • CV Upload — Upload your current curriculum vitae. • Pathway — Select your Nuclear Medicine (NM) Training Pathway (<i>i.e.</i>, NM Training-US, DR Training-US, NM Training-Canada, Credit for training outside of US and Canada). • Residency Training — Click on Add New Training and enter in all information related to your training pathway. For each training program, the applicant must ask each Nuclear Medicine program director to complete an Evaluation of Clinical Competency Form. <p>NOTE: It is your responsibility to make certain that the completed form with the program director's original signature is received by the ABNM office. Copies of the form without the program director's original signature are not acceptable. Copies must be emailed by the program director to abnm@abnm.org.</p>
7	<p>MEDICAL EXAMINATIONS AND LICENSURES</p> <ul style="list-style-type: none"> • Medical Certificates — Enter medical certificate information (ECFMG (US)). If applicable, list medical certificate number, date issued and upload the certificate. • Medical Examinations — Enter medical examination(s) information (USMLE's - Step 1, Step 2 - Clinical Knowledge, Step 2 - Clinical Skills, Step 3; MCC Qualifying Exam Part I and Part II). List results and dates of all medical examinations that you have passed and upload the results for each exam. • Medical Licenses — List all currently valid unrestricted state or provincial medical licenses that you have. Upload copies of all currently valid unrestricted state or provincial medical licenses (including their expiration dates) to the ABNM. Only enter the license information below that pertains to your situation AT THE TIME OF THE EXAM! If you have a pending license, click the pending checkbox. For a pending license the expiration date and method of sending are not required. <p>The ABNM will only accept an Institutional/Training License if the applicant is enrolled in a training program AT THE TIME OF THE EXAM. Upload a copy of your Institutional/Training license.</p> <p>NOTE: File types accepted for upload are pdf, jpeg, jpg, doc, docx, rtf, png, gif, ppt, xml. MAX upload size is 32MB.</p>
8	<p>OTHER ABMS BOARD CERTIFICATION AND ELIGIBILITY</p> <ul style="list-style-type: none"> • ABMS Specialty New Entry — If you have a certification by an American Board of Medical Specialties (ABMS) specialty board then provide the American Board name, date of last certification or re-certification and certification number. Click the "Save & Add More" button to add additional specialty board entries. If you DO NOT HAVE a specialty board certification, click the box at the bottom of this page that is labeled "Not Applicable to me" and then click the button labeled "Save & Continue".
9	<p>PRIOR ABNM APPLICATION</p> <ul style="list-style-type: none"> • Application Information — Answer the following questions: <ul style="list-style-type: none"> ▪ Have you applied or taken the exam before? ▪ Most recent year applied or taken. ▪ Total number of times taken.
10	<p>EXAMINATION APPLICATION PROCESSING FEE</p> <ul style="list-style-type: none"> • Examination Application Processing Fee — Payment of the \$500 processing Fee. <ul style="list-style-type: none"> ▪ Billing Address Information ▪ Credit Card Information

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CERTIFICATION EXAMINATION APPLICATION SUBMISSION FEE

- **Certification Examination Application Submission Fee** — Payment of the remaining exam fee balance.
 - **Billing Address Information**
 - **Credit Card Information** — The additional Examination Fee must be processed by credit card, or a check **must be postmarked by July 15 to avoid a late fee.**
 - **LATE FEE** — Payments received July 15 – July 31 **will be assessed a late fee of \$500.00.**
- NOTE: Applications not paid in full by July 31 will be rejected and all fees (including late fees) are nonrefundable.**

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APPLICATION CHECKLIST

- **Checklist Status** — Below are the pages of the application that must be completed for your application to be submitted to the ABNM for review. Changes are saved each time you click Save within any of the pages. Your saved changes are retained, so you may leave the ABNM website and continue where you left off. Before you can submit the application, all pages must have a status of "Data Entered". The board will review each section and notify you about missing information. **MAKE SURE THAT ALL SECTIONS ARE COMPLETE.**

1. Application Statement	6. Training Pathway	9. Prior Applications
2. Instructions	7. Medical Examinations and Licensures	10. Examination Application Processing Fee
3. Contact Information	8. Other ABMS Board Certification and Eligibility	11. Certification Examination Application Submission Fee
4. Education		
5. Preparatory Clinical Training		

Online application must be submitted, and application processing fee paid by July 31st at 23:59:59 EDT. To submit your application the Application Processing Fee must be paid by credit card.

Reminder: All documents must be uploaded to the application EXCEPT the Evaluation of Clinical Competence form that is completed by the Program Director.

- **SUBMIT APPLICATION**
Application Fee must be paid prior to Submission. Review your checklist. Make sure that each component of the application is complete. **CLICK THE SUBMIT APPLICATION BUTTON.** Your application is now submitted!

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